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Vol. XVI.

MAY, 1895.

No. 5.



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\$1.50 per Year: Single Copies 15 Cents.

Published by the California Medical College,

Dr. C. N. MILLER, Managing Editor

Let all Communications be addressed, and money orders made payable to the
CALIFORNIA MEDICAL JOURNAL.

1422 Folsom Street,

San Francisco.

Entered at the San Francisco Post Office as Second-Class Matter.

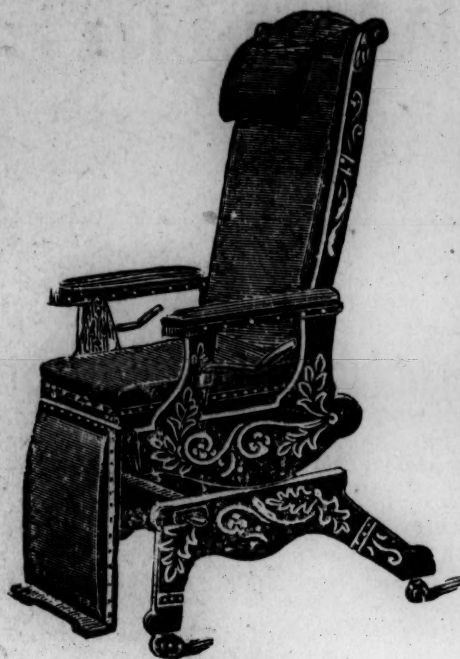
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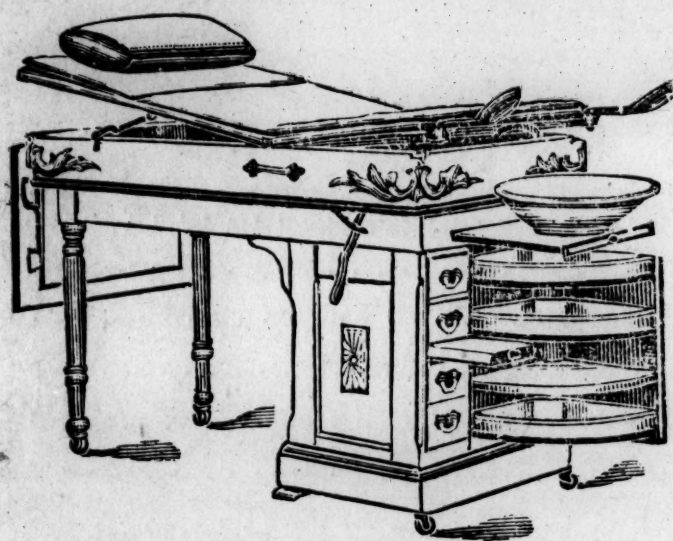
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M. E. VAN METER, M. D.,
Professor of Orthopedic and Clinical Surgery
California Medical College.

California Medical Journal.

VOL. XVI. }

San Francisco, California, MAY, 1895.

NO. 5.

Original Articles.

CALOPRACTIC SURGERY. (No. 11.)

(Gr. kalos, beautiful, and prassein, to make.)

Lectures by PROF. GERE, California Medical College
Intermediate Course, '94.

Gunpowder grains are often deposited in the skin as a result of explosions or reckless handling of firearms and when the face is the region affected the permanent bluish-black specks are highly disfiguring and their removal is greatly desired. Sometimes they are picked out when recently implanted, separately, with a sharp pointed knife, but this is a tedious process if the grains are numerous. It has been recommended that pustulation be produced by means of a corrosive sublimate lotion, so the grains may be loosened and more easily picked out or scraped away. The following formula is suggested:

R
Hydrarg. bichlorid. - - - gr. viij
Tr. benzoini comp. - - - 3ij
Aquæ dest. - - - 3vij
M ft. lotio. Sig.—Saturate a cloth and lay over the part.

Another prescription said to be effective is:

R
Ammon. biniod. - - -
Aq. dest. p. ae.
M Sig.—Paint the parts affected and follow with dilute hydrochloric acid.

I have had no personal experience with this but presume it is worth remembering.

Wrinkles are annoying to ladies es-

pecially, and while to a certain extent an inevitable accompaniment to advancing age, yet they often occur prematurely as a result of habitual contraction of certain muscles as in laughing, frowning, etc., or some ocular defect may cause permanent contraction of the muscles of the lids or eye-ball, or loss of teeth may permit the lips or cheeks to fall in, but the remedies for these conditions are obvious. Another common cause of wrinkles is the loss of subcutaneous fat, particularly if the supply has previously been generous. In this case in addition to general measures to restore bodily health and vigor we may direct special efforts to increasing the nutrition of the facial adipose tissue—bathing with warm water or milk, gentle but persistent massage,unctions of olive oil or lanolin—the latter is sticky and ill-smelling if used alone, but may be perfumed with vanilla or oil of rosemary, etc., or diluted with purified lard, sweet cream, fresh butter or pure olive oil. The practice of chewing gum, though so generally ridiculed, is beneficial in developing the muscles of the cheeks and so giving fullness to the face.

A thin face with a large abdomen is commonly an indication of the corset habit, liver obstruction, lack of exercise or something of that kind which can be remedied by discontinuing the causative habit and pursuing measures calculated to improve the general health. Finally, special hollows or



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A thin face with a large abdomen is commonly an indication of the corset habit, liver obstruction, lack of exercise or something of that kind which can be remedied by discontinuing the causative habit and pursuing measures calculated to improve the general health. Finally, special hollows or

furrows can be filled up by injecting subcutaneously some unirritating, unabsorbable, unchangeable substance like cosmoline (warmed) as has been done in several instances successfully by myself and others to whom I have communicated this process. Some cases, however, have been observed wherein the presence of cosmoline in the tissues has appeared, in the course of time, to favor a deposit of fibrous tissue (in excess) which might prove more annoying than the original hollow and require a surgical operation for its removal.

Although the neck has not received so much attention as the face, yet it is (in ladies at least) an important factor in a good personal appearance. It should be upright, well-rounded and with gracefully curved outline where it joins the head and trunk. If it inclines forward, in consequence of careless habits, acting on the advice heretofore given "chin close to neck" will do much to restore proper position. One of the best possible measures, not only to produce a graceful carriage but to make the neck strong and supple as well, is to balance and carry things upon the head, not a bean bag as some recommend, as that has no tendency to fall, but something that requires great care and attention at first to maintain its balance. It is said that the finest of necks, with carriage to correspond, are to be found among the Creoles of Louisiana where the habit of carrying pails of water, milk—in fact all kinds of articles—upon the head is universal. Another method of filling out and strengthening a scrawny neck is systematic daily practice of inclining it as far as possible from side to side, forward and

back, and turning laterally until the chin looks over the shoulder. Combined with this muscular exercise may be, inunctions of oil or fat, massage and Faradism to stimulate nutrition of adipose and connective tissues. On the other hand should the neck be too fat, a still greater amount of exercise, rubbing and electricity may answer to remove the excess, but will probably need to be associated with general measures, as corpulence is unlikely to be confined to the neck.

In scrofulous subjects the neck is likely to show disfiguring lumps due to the enlargement of the numerous lymphatic glands of this region, or ugly scars, the result of previous suppuration of the glands. The scars may sometimes be dissected out and the skin brought smoothly together, while the enlarged glands may be excised, injected with ethereal solution of iodoform, or rubbed daily with uvedalia, citrine or ichthyol ointment, and alteratives such as phytolacca, iris, rumex or the iodides, mercurial, arsenical or calcareous preparations, which may be associated with bitter tonics, should be given internally.

The neck is sometimes drawn to one side (wry neck, or *torticollis*) as the result of contraction of the sterno-cleido-mastoid muscle, this condition often requires subcutaneous division of the tendon of the contracted muscle, which should be performed at a point just above its insertion into the sternum and clavicle, after which the neck should be kept inclined to the opposite side for a season by means of a proper bandage—say the figure of eight of the head and axilla or the parieto-axillary triangle and cravat. Perhaps the corresponding muscle on the op-

posite side may be weakened, if so a rubber assistant or "artificial muscle" may be used for a while, and the par-etic muscle strengthened if possible by Faradism and massage.

The shoulders may be stooped or of unequal height, the result of careless habit, or weakness of certain groups of muscles, or disproportionate use of others. Stoop-shouldered individuals may straighten themselves by attention to a proper carriage of the head, neck, chest and abdomen along with the shoulders, as these parts have each a mutual dependence upon the others, and defects in any one case can hardly be remedied without exerting a marked improvement in all the others. Shoulder braces may be of use as a reminder to the wearer to "straighten up" whenever he feels their pressure, but should not be relied on to substitute their support for muscular deficiency. This should be remedied by developing the faulty muscles by means of properly selected gymnastic exercises. Carry the shoulders back to the greatest possible extent many times daily, also the elbows; try to strike the back of the hands together behind you, always standing erect with the head thrown back and chest projecting, curbing the disposition to stoop forward; take weights in the hands (dumb bells are the most convenient) and raise them backward and upward as far as possible, holding them poised a moment before letting them down again, keeping the chest well inflated and holding the breath at the moment of greatest exertion—this will strengthen the muscles which hold the shoulders in proper position. Much of the apparent projection of the shoulders is often due to a contracted or hollow chest,

and to restore proper symmetry the chest should be expanded and the pectoral muscles developed by methods which I will explain when speaking of that region hereafter.

If but one of the shoulders is at fault or there is a lack of proportion between them, as is often the case where the occupation brings but one side into use (usually the right), the exercises should at first be confined mainly to the defective side until it becomes equal with the other, after which both should be worked alike. Rowing is perhaps the best possible exercise to develop and straighten the back and shoulders, but it should not be carried to excess, or, the other regions being neglected, actual deformity may result from over development in this respect.

SMALLPOX. (Variola.)

JOHN M. FEARN, M. D., OAKLAND, CAL.

Variola from "varius", variegated or spotted is a specific infectious disease.

HISTORY.—It has not been demonstrated where this disease originated, some think it existed in China for centuries before the birth of Christ. The *pesta magna* described by Galen and of which Marcus Aurelius died is thought by some to have been this disease. We read of it at the siege of Mecca in the sixth century, spreading from India to Arabia and extending its march, ceasing not till every known land, savage and civilized, had been visited, and every shore had been touched.

Black or dark races seem more subject to its ravages, than the pale races

There is a peculiar feature about epidemics of this disease that they travel in cycles. Visiting a land an epidemic will rage there for a time, pass on to some other country, and then there will be a period of some years before its return. This fact has been strained to serve the purpose of vaccinationists many times. Let me quote one case in point: In the early seventies, I think it was 1871 or 1872, smallpox was prevalent in France, but England was quite free. The medical department published it abroad that owing to lack of attention to vaccination the French were suffering, but through thorough vaccination the people of England were free. I called the attention of the local government to the fact that in my opinion they were mistaken, and that we should soon be visited by the disease. Soon after this the disease crossed the channel and was quite severe in London and other large centers.

MANNER OF PROPAGATION.—This is very easy from its being one of the most infectious of diseases spreading by inoculation, by contact, by infection from clothing, by the breath, and by the drying scabs. Yet we must not fall into the error of assuming that everybody exposed to the disease will certainly take it. I have known unvaccinated persons, children and adults, exposed fully and yet not take the disease; I have known a boy placed in bed with a smallpox patient in the hope that he might take it, and get over it, but fail to take it, so I have been led to assert that if the condition of the exposed party is unfavorable to the disease, he cannot take it.

PREDISPOSING CAUSES.—First it is a filth disease, and therefore unsanitary

surroundings favor its propagation. The army of sanitarians, in and out of the profession, who have done such noble work the last thirty years are done an injustice when the lessened death rate from this disease is entirely credited to vaccination.

Feeble vitality is another predisposing cause. Dread of the disease I am sure is another potent factor in the spread of this disease. There is an insane dread of this disease, everywhere prevalent, even many physicians speak of it as almost necessarily fatal, or if the patient recovers he will almost surely be pock-marked. I take issue with the alarmist on both of these propositions. Good health, and a well balanced mind—a mind neither craven with fear, nor yet on the other hand, venturesome to foolhardiness—are the best prophylactics against the disease.

DIAGNOSIS.—Some think it is the easiest thing in the world to tell this disease, but actual experience shows this to be fallacious. I had a case some 10 or 12 years ago, that I suspected to be this disease, but two physicians of experience pronounced it chickenpox. When the pustules had more fully ripened it turned out to be quite a severe case of smallpox; and it was thought strange that an Eclectic should make such a mistake, and I was blamed.

Since then case after case has occurred which has defied the ability of the whole board of health, and competent physicians have been divided as to whether the cases were severe chickenpox or mild smallpox. Of course, in severe cases, where the disease runs a regular course, there is usually but little trouble, but the exceptions will occur.

PROGNOSIS.—Treated according to modern methods, and with nineteenth century Therapeutics the death-rate should be very low and cases of pitting should be very rare. In fact it is generally admitted that typhoid fever, scarlet fever, and diphtheria are much more serious diseases to treat than smallpox. Were it not for the public fear of the disease I would rather treat this disease than many others. But a physician in private practice can hardly afford to treat smallpox as all his other patients are likely to leave him. With proper precautions, however, there should be no ground for fear.

DESCRIPTION.—After exposure there is a period of incubation of from seven to twelve days, then the real business begins, with rigors and fever, more or less pronounced, severe headache, pain in the loins and limbs. This suffering is more acute, than in any of the eruptive fevers. On the third or fourth day the eruption begins to come out. It appears first on the forehead, face, and wrists, and in about two or three days it spreads over the body. This eruption is characteristic, first it is a little red spot slightly raised above the surface, gradually growing till the third day, when it is flattened on top, and feels hard like shot or mustard seed, buried in the skin. This soon changes into a little vesicle containing a little clear fluid.

Simultaneous with the advent of the eruption, there is usually an abatement of all the serious symptoms such as fever, headache, backache and boneache. On the fifth day a depression is seen in the center of the pock, and it is then called umbilicated. About this time the contents of the pock become turbid, the pus increases in

quantity, umbilication disappears and the pock gradually fills up. On the eighth day maturation is at its height. Sometimes the pock matures and the pus escapes, at other times the pustules seem to shrivel up till finally from the eleventh to the fourteenth day the scab separates, leaving behind a little red or brown stain. If the true skin be destroyed, a pit will be left of lesser or greater extent which ultimately becomes of a pale or whitish color. It should not be forgotten that during the time the pock is receding, we are liable to meet a period of great danger. The pus being absorbed, may give rise to very serious septic conditions attended with high fever.

This disease has been divided into quite a number of different kinds. The names standing for little else than the severity of the disease. For practical purposes it will be sufficient to speak of only three.

First, the Discreet. In this form the eruption is not thick and the disease is apt to run a mild course. I have seen such cases in children (unvaccinated) who were not confined to bed for a single day, and yet there could be no doubt as to the identity of the disease.

Second, the Confluent. A form in which the pocks are very thick. In fact, so thick that they coalesce or run together. In such a case they are apt to be thick on the head and face, and when the pock is full the face and head look like one superficial abscess. It is in such cases that the pock invades the mouth and throat, giving rise to very serious trouble, even the eyes are at times invaded. Of course this is a serious case principally on account of the complications that arise.

Third, the Hæmorrhagic. This has been divided into two classes. First, where the special symptoms occur early, and death follows without the disease running through its varied stages. It has been called Petechial or black smallpox, (*purpura variolosa*.) Second, the case goes on in the ordinary way until the vesicular stage is reached. Hæmorrhage then takes place into the pock, or from the mucous membranes. This is sometimes called *variola hæmorrhagica pustulosa*. This kind is not common, and is less frequent in children than in adults.

TREATMENT.—Attend carefully to hygiene. Whenever you know a person has been exposed, during the stage of incubation, attend thoroughly to the secretions. See that the skin, the kidneys and the intestines are in good condition to do their work. I am much in favor of the vapor bath at this stage. Make everything inside and out as clean as hot water and fresh air will do it. In this way I am sure the disease is much modified. If the morbid matter cleared out of the system by these methods should be left in the system, it would form pabulum for the disease to feed upon. Just as soon as the initial fever starts accompanied by the head, back and limb pains, begin with the use of the pack either full or local. It is rare that they are needed hot when the previous course has been carried out. They may be from cold up, according to the temperament of the patient. In this way and by the addition of the special sedatives, temperature is kept down, nervousness is allayed and the patient sleeps.

Some may be afraid of cold water, but if used judiciously, cold or tepid

packs and sponging are not only of great comfort to the patient but they are wonderfully curative. Dr. Johnson, taking the view of the ancients that smallpox was a disease of fermentation, says, by the action of cold water, by packs or sponging fermentation, is lessened. Liebig held views similar. I know by careful hydropathic practice, as above stated, together with the use of our special sedatives, smallpox may be wonderfully robbed of its pains and its terrors. As this article will fall principally into the hands of Eclectics, there is no need to dwell long on treatment, we treat this disease on the general plan of specific medication, controlling temperature, preventing septic conditions, allaying irritation, removing atony, etc. Will just add to the above treatment this caution, remember this is a disease where there is much retrograde metamorphosis. The elimination of morbid matter is something remarkable. Consequently to repair this waste we must keep the stomach in the best possible shape, and whatever other remedies we use after the fever is somewhat controlled take Leptandrin (Lloyd's) grains x. sachar. alb. grs. xi. Triturate well, divide into ten powders. Give one powder three times a day. Used thus it is a gastro-intestinal stimulant and tonic of no mean order. From experience I would not like to treat smallpox without these powders. They keep the stomach in good order and powerfully aid digestion, assimilation and reconstruction.

While patient is very feverish give plenty of water hot or cold. Feed on broths, milk, gruels, etc., but as soon as the fever is reduced and the disease is progressing nicely be more generous

in diet. Under these circumstances the patient usually has a good appetite, and he needs to be well supported by good food to make up for the depletion, the result of maturation, especially is this the case during convalescence. Of course the doctor must have full control of the diet as he has of the medicine. Let me here again drop a caution as to the secondary fever, which may come when the pock begins to decline. Our special sedatives together with frequent sponging with cold or tepid water will be all we shall need.

I have said nothing about ventilation believing that those whom I write for will see that the patient has full benefit of abundance of fresh air. Smallpox thus treated does not have the strong characteristic smell, that used to attend this disease in the old days.

In the course of this disease, especially when severe, there are varied complications to be met.

Laryngitis may lead to fatal oedema of the glottis, broncho-pneumonia, acne, boils or even deep seated abscesses, gangrene, etc. All these conditions must be met by special treatment.

PREVENTING PITTING.—This is an important matter, and it can be so attended to that there will be a very slight percentage of disfigurement. From experience and observation I come to the conclusion, that with few exceptions, the exposed parts are the only parts where pitting is likely to take place. The patient if kept cool by sponging does not pit on those parts covered from the air. But the exposure of the face gives rise to intolerable itching. Rubbing or scratching takes place, hence the disfigurement. To prevent this I have used

and recommended that a piece of soft cotton cloth be taken of size sufficient to cover the face; cut openings through for the eyes to see through, and for breathing and feeding. Then dampen the cloth thoroughly in a solution of glycerine one part, aqua nine parts, to which add a very small percentage of carbolic acid. Now lay this on the face. As often as it gets dry, remove. Sponge the face thoroughly, re-wet the cloth and place it on again. In this way there will be no itching, the pocks will be kept soft and hence will fall off readily and heal up without pitting. I have tried this in the case of children and adults and I know it is a success. Out of five cases in one family there was not one pock marked. The hands also may be kept covered. Sometimes many weeks after the patient has recovered there is an intolerable itching and burning at the site where pocks were located on the face. I have tried various remedies to relieve this condition, but nothing gives such success, so far as I know, as to take a few grains of potas. nitras, dissolve in one ounce of dilute alcohol, and with this solution moisten the irritated spots, the relief is instantaneous.

PREVENTIVE MEASURES.—I have no faith in vaccination, but I believe in the most rigid isolation. Let the bed be in a room without carpets or hangings, and let sulphur be burnt in the room three times a day, thoroughly fumigating every part. If this disease be of microbic origin, I believe the sulphur fumes so weaken the microbe that, other things being equal, succeeding cases will be lighter, where the fumigation has been constant and thorough.

ALOPECIA AREATA. (No. 3.)

A. W. TRAVERSE, M. D., SAN FRANCISCO, CAL.

TREATMENT.—As alopecia areata is generally self-limited, with a tendency to spontaneous recovery, the unadvisability of placing too much stress on the therapeutic value of certain modes of treatment until they have been tested in a large number of cases can be clearly seen. Pelade, like all other diseases, irrespective of their character, improves more rapidly as we direct our attention to bringing the general system into a normal physiological condition. We thus find it of decided benefit to see that all the emunctories of the body are performing well their own peculiar functions, and that each splanchnic viscus is kept in the best possible condition by the use of tonics, such as iron, quinine, strychnia, phosphorus, cod-liver oil, arsenic, etc. Duhring and many others lay great stress on the results attainable from the use of the last named drug.

It is upon local applications, however, that we must mainly depend in the treatment of the disease, and the shorter its duration and the less amount of surface-tissue implicated, the quicker will the good results be attained. The remedies applied are for the purpose of destroying the organisms and afterward stimulating the tissues and follicles of the implicated regions to renewed activity. The external applications to the affected areas should be preceded by the epilation of all the loose hairs at the margin of the patches, as a precautionary means to limit the spreading of the disease, and to better allow the drug used to penetrate deeper into the skin.

Robinson's main reliance in the treatment of area celsi is in the use of chrysarobin in recent cases, and even in many of long standing, and croton oil in those that are chronic and stubborn. In the use of chrysophanic acid, care must be taken not to make the application too near the eyes, as severe conjunctivitis is liable to follow. We must expect a temporary discoloration of the surface from its use, which will spread beyond the area of application, and also the acute dermatitis that must necessarily followed.

These slight drawbacks are much more than counterbalanced, however, by the good effects that follow. It is best used in the form of a salve, containing from fifteen to sixty grains to the ounce, the strength varying according to the age of the patient, duration of the disease, and vulnerability of the tissues involved. It is well to begin with a moderate strength and increase if necessary. The applications, made once a day, should be well rubbed into the patches for a couple of weeks and then stopped to await the effect. If, in the course of the following week no lanugo hair make their appearance on the denuded plaques, the salve, increased in strength, should be reapplied. If too profound an impression in the form of severe dermatitis should follow the use of this unguent, the applications should be made less frequently, or the strength should be decreased. If desired, the salve may also contain from two to five per cent salicylic acid.

Croton oil, like chrysarobin, must be used with caution, so as to prevent a suppurative folliculitis following which would cause the very trouble that we are endeavoring to prevent, i. e., de-

struction of the hair-follicles and permanent baldness of the spots. Its use is therefore contra-indicated in acute cases. In chronic and stubborn cases, however, where a decided effect must necessarily be produced, its use is often followed by excellent results. When used, croton oil should be mixed with olive oil. A twenty-five or fifty per cent. preparation is usually of sufficient strength to produce the deep subacute dermatitis necessary in such cases, and this should be kept up for some time by occasional applications of the oil to the denuded patches. Where the hair-follicles are destroyed, there is no remedial measure that will have any effect in reproducing a new growth of hair over the bald spots.

Morrow recommends clipping the hair short in chronic cases, followed by applications of acetic acid in chloroform or ether, generally in equal parts, but varying the strength of the acid to suit the various cases and their stages. He makes two or three applications a week at the beginning of the treatment, but at more lengthened intervals afterward. Vidal believes in blistering the denuded areas until bullæ form, repeating the applications from three to ten times, and following each one with a simple soothing salve. The rest of the scalp is rubbed morning and night with spts. turpentine 20 parts, ammonia 5 parts, and water or alcohol 100 parts. He reports twenty-nine cases cured in this manner, the time of treatment being usually less than two months and in no case over three.

Raymond's method, (Annal. de Derm. et Syph.) is to wash the entire scalp twice a day with some antiseptic soap, the morning cleaning being followed by an application with friction of

solut. corrosive sublimate 50 centigrams, tinct. cantharides 25 grams, balsam floravanti 50 grams, cologne water 150 grams. After this each separate denuded patch is rubbed for a couple of minutes with a stiff brush dipped in this solution, and in the evening the washing is followed by an application to the bald spots of salicylic acid 2 grams, B-naphthol 10 grams, acetic acid (crystallizable) 15 grams, castor oil 100 grams. The treatment should be so carried out as to cause redness but never inflammation or excoriation. In every case that he thus treated a cure was effected within one month, the average time being only fifteen days.

Chatelain (Annal de Derm. et Syph.) advises washing the entire scalp with some antiseptic and applying iodized collodion, 1 to 30, every four or five days to the bald areas and a little beyond their margins. If dermatitis is produced this treatment must be stopped for a few days. These applications must be renewed as often as they peel off. He attributes the resulting cure to a direct anti-parasitic action, and the exclusion of air from the implicated regions.

Moty, of Paris, highly extols the treatment of pelade by hypodermatic injections of bichloride of mercury, 1 to 400, into the margins of the patches. From two to five injections are put into each bald spot, according to their size, each one consisting of four or five drops of the solution, and repeated every four or five days. He has obtained excellent results from this mode of treatment, which is based upon the theory of the parasitic nature of the disease, and that the micro-organisms themselves are deeply seat-

ed. His ideas in this respect coincide directly with those of Robinson. Brisquet has recently advocated the use of Chinese oil of cinnamon in the disease. He has the hair cut short and disinfected frequently with a saturated solution of carbolic acid, but the scalp is left unwashed to prevent humidity. Then the oil of cinnamon in sulphuric ether, 1 to 3, is applied to the implicated spots, with the effect of producing slight redness. The applications are renewed as often as the evidences of inflammation disappear. This treatment both excludes air and is anti-parasitic.

Light scarification and subsequent applications of a solution of corrosive sublimate is advocated by some, but with the disadvantage of perhaps producing an erysipelas by so doing. Pyrogallie acid, sulphur, oleate of mercury, and other anti-parasitides are also used in the local treatment of alopecia areata.

The writer's experience leads him to place the greatest reliance on applications of pure carbolic acid, or rather a 95 per cent. solution, to the denuded patches. This method of treatment was first conceived and carried out by Bulkley of New York. A swab of absorbent cotton dipped in the acid is first brushed lightly over the bald areas, and immediately afterward well rubbed into the skin for a few seconds. The swab is easily and readily made by twisting a little of the cotton over the end of a wooden toothpick or uncovered end of a match. The first effect of the acid is to whiten and shrivel the skin, followed in the course of a day or two by a mild grade of inflammation. There may be occasionally even slight vesiculation but never

a slough. After the lapse of a week or ten days the epidermal layer exfoliates, leaving a reddened tender skin beneath. Sometimes a single application is sufficient to produce the desired result, but if not, and a downy fuzz does not make its appearance over the new epidermal covering, another one should be made a couple of weeks after the first. This method of treatment is somewhat painful, but I have yet to find the patient who objects to a renewal of the application when necessary. In making these applications it is advisable never to treat more than a couple of square inches of surface at one time, so as to exclude the possibility of any toxic action following from the absorption of the acid. If the amount to be gone over is greater than this, the applications should be made at different sittings at intervals of a few days until the total area of baldness is included.

When the anti-parasitides have performed their functions and lanugo-hairs begin to appear, stimulating applications should follow to increase the amount of nourishment furnished the young pilary growth. For this purpose Wilson uses *Liq. ammon. fort.*, *chloroformi*, *ol. sesami*, *aa.* \mathfrak{zss} ; *ol. limonis* \mathfrak{zss} ; *spt. rosmarini* *ad* \mathfrak{ziv} , applied once or twice a day. Morrow recommends *Ol. eucalypti*, *ol. terebinth.* *aa.* \mathfrak{zss} ; *petrolati* (*crud.*) \mathfrak{zj} ; *alcohol*, \mathfrak{zj} , applied daily for a time, followed by *ungt. sulphuris* either alone or in combination with *resorcin*. Salt water douches and frictions, and applications of electricity by means of the wire brush are also resorted to in this connection. Crocker advocates applications of *hydrarg. perchlor.* *gr.* *ij* to *v*; *spt. vini. rect.* \mathfrak{zj} ; *ol. terebinth.* \mathfrak{zviij} , to

be rubbed into and around the patches morning and night.

In brief, the successful treatment of alopecia areata consists in the use of such tonics and other remedies that will place the general system in the best possible condition; the production of an acute dermatitis over the denuded patches; the application of parasitocides, such as bichloride of mercury, iodine, chrysarobin and carbolic acid, for the destruction of the dermal organisms present in the disease; and the stimulation of the regenerated pilary growth by applications with friction of oil of turpentine, crude petroleum, sulphur, ammonia water, salt water, etc.

WOMEN AS PATHOLOGISTS AND THERAPEUTISTS.

VICTORY A. DERRICK, M. D., OAKLAND, CAL.

Read before the Ebell Society of Oakland.

Pathology is that branch of medical science which treats of morbid conditions, their etiology, symptoms, nature, physiology and anatomy. Therapeutics is the branch of medicine which relates to the treatment of disease and the action of remedial agents on the human organism. In a few words then these two terms imply the *knowledge* and *treatment* of disease.

Let us notice some of the qualifications requisite to become good pathologists and therapists, to see if they are not all possessed by women. Public sentiment, we know, has been against her, but it can no longer dethrone her from the position she is destined to occupy. The fire has now been kindled and though it may seem

to smoulder for a time it is only to break forth with redoubled energy till it shall sweep away every trace of mulish opposition to feminine effort, enthusiasm and achievement in the advancement of science, and place her on an undisputed equality with the sterner sex.

To be good pathologists we must possess a thorough knowledge of anatomy and physiology. We can only determine the methods of action, by the study of the mechanism, and the right interpretation of that mechanism can only be ascertained from the construction of its parts, from observation of the manner in which they are developed, and by comparisons of the relation of one organ to another. Pope wisely said, "The proper study of mankind is man," and we must study from a physical as well as a moral point of view. But cannot women do this? If you wish an answer visit the Medical College and watch her in the dissecting room. We have all heard it expressed perhaps, that that is no place for women, but has any one given us a valid reason why it is not? Has she not the same right as her brother to understand the delicate mechanism of the human body, to search out its hidden mysteries, to trace every nerve and artery to their ultimate distribution in even the most remote fiber till she can realize with full significance the statement of the Psalmist of old when he said "Man is fearfully and wonderfully made"? Her scalpel is wielded with a nicety and delicacy of touch which even the gentlemen would do well to imitate. I remember an instance of one young lady who as a Freshman was just beginning her dissection at the same table with those

who were about to receive their diplomas. The demonstrator was a very austere gentleman, reserved, and little given to flattery. Yet, on passing, and examining her part he exclaimed, "This work is worthy of a Senior." And we assert, too, that woman has the same power of mind to make a practical application of that which she learns. As she has made a success in other branches of science, so she is able to comprehend the changes which take place as disease comes in and an organ is transformed in structure or function.

"Positively, No Admittance" is inscribed on the entrance to the laboratory in which nature conducts her vital operations, whether these operations are performed in the regular manner and perfect order which characterize the normal state, or under the disturbing influences which so modify them as to produce disease. So we must approach the building, observe what enters and what leaves it, notice external appearances and changes as the internal operations are varied, listen to the hum of the machinery within, and even occasionally peep through a crevice or window with the hope of discovering the mystery. So we see that to be good pathologists we must be good observers. And all will admit that woman, speaking in the common vernacular, fills the bill exactly.

She can detect the smallest wrinkle in the fit of a dress, and can she not detect a wrinkle on the face of a patient which may speak so significantly of existing disease? She can note the slightest variation in shade when selecting ribbon for her new spring bonnet and she can with the same keen discernment note the pallor

of the countenance which tells of depraved nutrition, she will see the flush of fever, or the cachexia which may tell her that an arch fiend of humanity, tuberculosis or cancer, has fastened upon an innocent victim. She has attained the highest honors in the musical world so that the smallest fraction of a degree in pitch is detected and recognized at once which demonstrates how this same ear may be disciplined to detect the workings of disease in cavities into which the eye cannot penetrate.

Woman, then, is by nature of a fine organization and keen sensibilities, quick to discern the relations between cause and effect—in fact she is not only a good observer but a good reasoner, which enables her to understand the antagonism between diseases, the frequency with which they co-exist, the causes which may produce them, the laws by which they are governed, and the effect which remedial agents will have in a given case.

It may be that every patient does not need a bottle of medicine or a box of pills. A change of climate, different surroundings, or some cheery advice and encouragement administered in just the right way may prove to be the most efficient of all therapeutical agents. The person comes with heavy footsteps and with a pinched expression and lines of care which write the history of constant anxiety and a burdened heart on the countenance which a critical woman will not fail to read. Then with her gentle manner and kindly sympathy she may find the secret which has burdened the soul till the physical being has been forced to yield to its influence. She may be able to relieve this anxious and gloomy fore-

boding and the star of hope arises once more. Then she will prescribe such remedies as shall build up the waste tissues and assist nature to smile upon a happy and a healthy individual. I think the poet must have understood this innate power possessed by woman for he describes it most beautifully as follows:

"Oh, ever when the happy laugh is dumb,
All the joy gone and all the anguish come,
When stern adversity and subtle pain
Wring the sad soul and rack the throbbing
brain,
When fears and cares the lonely thought
employ
And clouds of sorrow hide the sun of joy,
When weary life breathing reluctant breath
Hath no hope sweeter than the hope of
death,
Then the last council and the best relief
To cheer the spirit or to cheat the grief,
The only calm, the only comfort heard,
Comes in the music of a woman's word,
Like warning bell in some wild island shore
Silvery ringing in the tempests roar;
Whose sound born shipward through the
midnight gloom
Tells of her path and turns her from her
doom."

Some have said that women are not strong enough to cope with the anxiety and responsibility and the broken rest which must of necessity devolve upon an active physician. She has been called "the weaker vessel"—and this may be true—yet all scientific medical people must admit that she has more power of endurance than the male sex. Her physical peculiarities must cause her more suffering yet nature has given her more strength to bear it. It is this very vital nerve energy, this indomitable will and determination to succeed which incites her, upon choosing a certain vocation, to enter heart and soul into her work till success must crown her efforts.

"For when she will, she will, and there's
an end on't,
An' when she won't, she won't, you may
depend on't."

All individuals are not fitted for the

same work and all women might not make a success in medicine, but give us a chance and see if in the years to come some of the brightest stars in pathology and therapeutics will not be found among us.

The ancient Hippocrates has been awarded the appellation of the Father of Medicine and for centuries his progeny consisted only of sons, but let it not be esteemed a strange thing if in these later days of progress and reform, Modern Medicine shall find a mother.

SOME CASES IN OBSTETRICS.

M. E. VAN METER, M. D., SAN FRANCISCO.

Apropos to the case in obstetrics, reported by Prof. MacLean in the April number of this JOURNAL, I wish to report some cases that bear out his statement that we can not judge what we will meet with in the future, by our past experience, however large that experience may have been. All who have had much to do in the obstetrical line know that we may go for months and perhaps years, delivering case after case, all of which have normal labors or so nearly normal that they call for no interference on the part of the accoucheur. Then there will come a succession of bad cases; some unique and extraordinary; others which are simply tedious from uterine inertia or from a disproportion between the size of the infant's head and the mother's pelvis, and which need more or less artificial aid to complete the delivery. It is a succession of abnormal cases that I wish to report, and while in some of them there is nothing remarkable, I report them because they go to

make up a list of seven consecutive cases, in which there was not one that was normal.

Case I. Was called to see Mrs. R—, mother of several children. Always had a very rapid and easy labor. On arrival, I found her up attending to the work about the house; saying that she did not think she would be sick for several hours yet, but had called me because she thought I might be some time in coming. I asked her to let me make an examination. This she did, and I found the bag of water protruding and the os fully dilated. I asked her to undress and prepare for her labor; but she said she had some more work to do, and resumed her work. In a few minutes she was seized with a severe pain which was accompanied with a gush of water; and on examination I found a hand protruding and a prolapsed cord. On further examination I found that I had an "umbilical" presentation, with head to right, and left arm lying across the chest with hand and fore-arm protruding. By introducing my hand I carried the arm up above the head; pushed up the body and allowed the head to drop into the superior strait. I also carried the cord up time after time, but it invariably followed out my fingers upon their withdrawal.

Had I anticipated what followed, I should have made podalic version and delivered in that way; but I builded on the hope that she would be delivered with a few pains as she had always done before; but instead, after having a few pains they ceased entirely for at least an hour; and as I did not know to what kind of case I was being called, I had neither medicine to hasten, nor instruments to complete the labor. Of course the child was still-born.

I was much chagrined at the outcome of this case, as it was the first prolapsed cord that had occurred in the hundreds of cases that have fallen into my hands, and I had often wished that I might have a case of this kind, felicitating myself in the belief that I would do better than some of my professional brethren in overcoming the difficulty and in saving the life of the child. But we all know, though not a pleasant admission, that our pride occasionally takes a fall in the practice of medicine, as well as in other vocations of life. But this case occurred during my attack of paralysis and I was almost blind, and suffering intensely with pain in my head; and feeling that my life was as dear as the child's, I dared not work with the case as I otherwise would, and I console myself by trying to believe I should have done better had I been well.

Case II. Was Mrs. G—, whose labor was abnormal only in its quickness. This was her second child and she had but three pains from first to last, everything being over when I reached the house. She says her first child was born equally quick.

Case III. Mrs. H—, second child; premature, between sixth and seventh month. Could not remove the placenta, either with my hand or placental forceps. As there was severe hemorrhage I tamponed both uterus and vagina, tightly; gave large doses of quinine and egotine, and after she had twenty-four hours of severe pains, I removed the entire mass with but little trouble.

Case IV. Mrs. U—, An Irish woman married to a German; second child; the other child being born nine month and eleven days previous to present confinement. She was stand-

ing in the door talking to a neighbor, when she was suddenly seized with a frightful hemorrhage. She was carried to bed and a near-by physician called in. He said she was going to have a miscarriage; left some medicine and took his departure without even making an examination. I was then called; found patient suffering considerable with pains of an irregular character. Upon examination I found the os dilated to the size of a silver half-dollar, and could easily feel the head, through the membranes. She insisted that it was not time to be sick; hence I was in a quandary. If she were at full term, I wanted to regulate the pains, increase their intensity and complete the labor and thus avoid further danger from hemorrhage. But if not at full term, I would want to check the pains and avert a premature birth. As I could not satisfy myself as to what was the correct procedure, I determined to do nothing except to give her some small doses of morphine to quiet the nagging pains, and to trust to luck for the hemorrhage not to return. This was in the evening; called next morning; no particular change except the pains had ceased during the night; called again in the evening; there had been some pains during the day and the os was dilated to the size of a small tea-cup; left some more morphine and called again the next morning. The pains had again abated during the night and I made an examination and found the os somewhat contracted but still quite patulous. Did not call again till the following morning when I found the patient up washing the breakfast dishes. Three days later she had a perfectly natural labor and was delivered of a full termed healthy, boy baby.

Case V. Was a German lady; third child. Upon arriving at the house I found her walking about and suffering considerable pain; but she said she did not know whether she was in labor or not as she had been suffering for two or three days and nights, and, to use her words, "had to pass her urine about a hundred times every half hour." Of course I recognized but passed unnoticed this slight exaggeration and asked her to let me make an examination, which I proceeded to do. As I was not expecting that she had made much progress, as she was up walking around, I was somewhat shocked when, upon making examination, my hand came in contact with a tumor the size of a good large fist. The first thought that struck me was, that it was the bag of waters, but at once recognized my error. The next thought that flashed over me was, that it was a tumor being expelled or some part of the child presenting. Upon a closer examination I found that it was a complete prolapse of the bladder. I replaced it without much difficulty, crowding it up between the pubis and the child's head. I held the parts up till the head engaged below, and labor progressed without any further trouble, and there has been no recurrence of the prolapse.

Case VI. Mrs. R—, a strong, healthy young woman who looked as if she was built purposely for having children, went into labor the evening of March 31st; had irregular pains till 8 A. M. next morning when they ceased entirely and could not be started with medicine, but could be excited to feeble action by irritating the os with the finger. This was kept up for two or three hours in the hope that the

head would pass from the womb and descend enough to make the application of the forceps less difficult. But as this kind of progress became monotonous to me and discouraging to the patient, I concluded to deliver her at once and have done with it. As the patient did not have a trained nurse I had no assistance and had Prof. Scott called in to give an anæsthetic and assist me. I had both the long and short forceps. The head was at the superior strait, and the os was not completely dilated. I applied the short forceps but had to introduce them so far that the lock was entirely within the vagina. I then tried the long forceps but the parts were so small that I could not make a successful application. I again applied the small forceps and succeeded in locking them without injury to the mother. I then made traction till I was wet with perspiration, and gladly yielded my place to Dr. Scott. The doctor hung on like "grim death" till he, too, was tired out and I again took the helm and stayed with it till I safely landed a bouncing boy, just a noon, the labor having lasted fifteen hours. Mother and child both got along without an untoward symptom.

Case VII. Mrs. M—, a bright, vivacious girl, went into labor within an hour of the time that case six did, and continued all the time that I was with the previous case. I went immediately from case six to case seven, and found her in hard labor. I remained with her till 8 p. m., and saw there was no use to wait longer on nature. I readily applied the small forceps—without any anæsthetic—and soon had the head delivered; this was followed by a tremendous pain which

forced the shoulders out and ruptured the perineum. She pluckily told me to stitch her up; which I did without an anæsthetic.

Now, as I said in the beginning of this paper that I do not report these cases because I consider any of them, except the case of "umbilical presentation," the case of hemorrhage, and the case of prolapsed bladder, as being at all rare; on the contrary, I know that the rest of them are of daily occurrence. Neither do I report them because I think that I managed them more skillfully, successfully or differently to what any one else would have done. But I do claim that it is remarkable that a physician should meet with seven consecutive cases in rapid succession, in which there was not one that was normal. Cases 2, 3, 4, 5, occurred in March, the last being on the last day of the month; and cases 6 and 7 were on the first day of April.

This only goes to show that we never know what is coming when we are called to a case of confinement, and, as I said before, we cannot judge the "future," by the "past," when it comes to obstetrics.

During the first ten years of my professional life, I performed craniotomy once, but never used the forceps; and never lost a mother or child—except the child in the craniotomy case—and now in as many weeks I have had seven cases, every one of which, except the case of rapid delivery, absolutely demanded assistance. I do not think that I acted hurriedly in any of the cases, but gave "nature" full sway in each of them.

* * * Since reporting the forgoing seven cases, I have had two more cases

—both on Easter Sunday. One of these cases was perfectly normal, easy and quick; the mother was a Chilian. The other case was an arm presentation; head to right, back to front and left arm protruding. Being a very small child I had but little trouble in carrying the arm up, and by pushing up the shoulder, the head dropped into place and delivery was soon accomplished.

THREE CASES.

G. W. HARVEY, M. D., WILLIAMS, A. T.

Case A. Butcher, aet. 37, large build, and lymphatic temperament. While hoisting a beef for skinning, some portion of the tackle gave away, knocking him senseless and cutting a deep gash in his cheek.

When he came to, and found his face hurt, his first thought was to prevent a "black eye," so he immediately cut a piece of warm meat out of the neck of the animal just killed and bound it on the wound.

He stopped the eye from becoming black, and the wound healed all but a hard round nodule about the size of half a filbert, which was quite firm and hard, and seemed to be made up of a nest of small spindling cells with an imperfect scab covering, which on being removed, had roots like sod grass.

This state of affairs continued for about three weeks, when his face began to swell, and when he came to me it was so swollen that he could scarcely see on the affected side.

It was plainly a case of "big jaw" transferred from the animal to the man through the means cited above.

The *anthrax bacillus* was simply transplanted.

My treatment was a liniment of echinacea, veratrum, aconite and lobelia p. æq. to reduce the swelling. I cauterized it with straight phenic acid and dressed with dry asepsin until ready to heal, and then used thuja and calendula p. æq. until well. A very slight scar.

Case B. Laborer, aet. 27, medium build and phlegmatic temperament. Came to me with large, painful, purple swelling, filling the whole axillary space and extending well down over the thorax along the anterior, posterior and median-axillary lines. The tumor fluctuated to touch, showing liquid within. To make doubly sure I explored with "needle" and obtained a little shred of broken-down tissue, puriform in appearance.

I made a free incision just anterior to the median-axillary line and got nothing but blood. It ran at least half a pint, and not one drop of pus. The way that the blood poured out of that cut scared me. My first thought was "aneurism," but this blood was as black as a hat, and I could not imagine what the trouble was unless I had cut the jugular or portal vein. However, it stopped of its own free will shortly, and during the next ten days discharged about two quarts of pus and corruption in different stages of decomposition.

TREATMENT.—Echinacea, pure, injected into the cavity every other day, soon relieved all signs of soreness or poisoning.

HISTORY.—Some four weeks before coming to me he had a furuncle on the anterior aspect of his wrist, of the right arm. The M. D. who treated

him applied carbolic acid, (quite strong, but I do not know the exact per cent.) first, last and all the time. The boil soon went down, but immediately after the boil began to subside the swelling in the axillary region began to develop with the result recorded above.

Finis.—Was it hæmoglobinitis, lymphangitis, blood-poisoning or *metastatic-phenic-acid-itis*?

Case C. Infant, female, aet. eight months. Croupous pneumonia, both lungs involved. Ordered sweet oil, coal oil and turpentine p. æq. with camphor gum added that would dissolve. I had woolen cloths moistened with this mixture and sprinkled with compound lobelia powder and applied to chest and back. I gave internally

R	Aconite	-	-	-	gtt. iv
	Bryonia	-	-	-	gtt. v
	Asclepias	-	-	-	3ss
	Belladonna	-	-	-	gtt. v
	Aqua q. s. to make	-	-	-	3iv
M	Sig.—3j every hour.				

In about two hours was called in haste, and found child presenting plain lobelia poisoning. I quickly removed the clothes and ordered a bath of warm milk. The child soon vomited freely and rallied, so I gave no internal antidote.

The treatment done up the pneumonia all right; that is, the child is well today, but hereafter I shall look a little out when I use lobelia powder on a baby.

Maid—The doctor has called, ma'am.

Mistress—How provoking! Tell him I am too ill to see him.

“Labor and trouble one can get through with alone, but it takes two to be glad.”

DIED IN UTERO.

P. F. BULLINGTON, M. D., BANGOR, CAL.

In March number of *E. M. Journal* for 93, p. 128, Dr. T. W. Miles of Denver, Col., reports the case of a dead and mumified foetus being delivered simultaneously with a living one; although the living child died a few hours after birth. The case is one out of the ordinary and is full of interest to the physician, therefore I report the three following cases, which are somewhat similar, that occurred in my practice within a period of eleven months.

CASE. I.—Mrs. Frank B——, aet. 30 yrs. primipara, on April 3, '93, gave birth to a dead male foetus at the eighth month of gestation, being in labor about one hour and a half.

The child was apparently well nourished, but from all appearances and what I could learn from Mrs. B. it had been dead at least ten days.

The epidermis came off in flakes half as large as my hand, and the child had a decided cyanotic appearance.

The cord was long and lean, showing some small nodules of Wharten's gelatin, and on examination I found it to be quite friable, and of a waxy appearance when cut.

Placenta was delivered intact, which appeared normal save in color, which was a little dark. There was no hemorrhage and the odor was not cadaverous.

Patient assured me she knew of no cause for the trouble, stating both she and her husband were anxious for a child, they having been married for some years past.

Being pressed for an opinion regarding the cause, as the parents were

stout and healthy, with no hereditary taint, I told them it was my opinion the trouble was caused by fatty degeneration of the cord.

Patient was in good condition and free from pain when I departed, and as it was ten miles from my office I told her I would not come again unless sent for, so I left the following:

R

Sp. aconite	-	-	-	gtt. v
Sp. pulsatilla	-	-	-	3ss
Sp. phytolacca	-	-	-	gtt. xx
Aqua	-	-	-	q.s. 3iv

M. Sig.—Teaspoonful every two hours, and if fever came up, every hour.

Also the following for vaginal wash:

R

Chlorate pot.	-	-	-	3j
Asepsin (Lloyds)	-	-	-	gr. x

Sig.—Add to warm water Oj and inject into vagina morning and evening.

Seven months after, I met Mrs. B. and on inquiry was told she improved from the day I saw her, till she was entirely well, and had had good health ever since.

CASE II.—Mrs. Fred P——, brunette, aet. 36 yrs., primipara, on Sept. 3d, '93, soon after retiring felt something flowing from the genitalia, and thinking it was urine, got up and over the vessel, at the same time telling her husband to get up and light a lamp, when to their horror they saw a large blood-stain on the sheet, and one on the floor, besides what the vessel contained. The husband ran for me and as I live on the adjoining lot, was soon at the bedside of his wife. She was quite nervous, but suffered no pain. On examination the os uteri was found hard and but little dilated. The hemorrhage had stopped as suddenly as it had started. I prescribed the following:

R

Sp. viburnum	-	-	-	-
Sp. pulsatilla	-	-	-	aa 3ss
Aqua	-	-	-	3iv

M. Sig.—Teaspoonful every hour for two hours, then three hours apart.

Advised absolute rest, but the patient got up on the third day, as she had no pain at any time, nor had she had any fever or sickness.

On Sept. 12th I was called again to attend the patient. She then complained of a pain in her bowels, but on examination I found the feet of a foetus protruding into the vagina. In about forty minutes I delivered her of a dead and putrid girl baby, which to all appearance had been dead for at least one month.

Placenta was soon delivered, followed by slight hæmorrhage; there was no liquor amnii, it having either been absorbed or escaped at the time of the hemorrhage.

The mother was in the eighth month of gestation and attributed the cause to having ridden in a cart some time before the hemorrhage, but from the appearance of the child, and from what I could learn of the family history, I believe syphilis to be the cause. Although the child was in an advanced stage of decomposition, there was no bad smell.

Treatment same as Case I. Patient made an uneventful recovery, and has enjoyed good health since.

CASE III.—Mrs. Ollie C——, blonde, aet. 23 yrs., primipara, on Feb. 8th, '94, gave birth to a dead male foetus at the seventh month of gestation. Time of labor about two hours.

As Mrs. C. was of stout, compact build it was evident she would have rather a severe time, and to mitigate her sufferings I gave five-grain doses of chloral hydrate every fifteen minutes until she expressed herself as feeling drowsy, when I gradually withdrew the remedy and all went well to the end. When the child was born I was

very much surprised to see it was dead. The epidermis came off in large pieces, as in Case I. The child was well nourished and as large as the average viable child at full term. Placenta came in about twenty minutes after delivery of foetus, and was followed by a little hemorrhage, which was readily controlled by a half drachm dose of specific ergot and Creed's method. Mrs. C. often accompanied her husband to the slaughter house during her gestation, and there saw him do the slaughtering, he being a butcher. Many of the laity said at once, "I told you so; seeing so much blood will do it every time." On inquiry, I learned she had run a sewing machine for about six hours in one day, some two weeks before, since which time she had felt no foetal movements; the cause was very apparent to me, as there was no history of hereditary disease in either of the parents.

I gave the same treatment for vaginal wash, as in the two previous cases, and ordered the patient to take a dose, tablespoonful, of same internally every three hours, for its antiseptic effect.

As there was some rise in temperature the day following, I gave:

R
 Sp. aconite - - - gtt x.
 Sp. belladonna - - - gtt x.
 Sp. phytolacca - - - gttxx.
 Aqua - - - ʒiv.

M. Sig.—Teaspoonful every hour while there was fever, and while there was no fever a dose about every two or three hours.

Patient was up in nine days and has never been sick a day since.

I opine some will say, a striking similarity in the three prescriptions; which is true. But it was the indicated remedies. I regard phytolacca decan-

dra as our best agent in preventing and aborting mastitis, and as the breasts were enlarged, as is usually the case, I gave it in each of the cases above mentioned.

It was a strange occurrence to me to have so many such cases in so short a time, and the profession will pardon me for saying it, but for some time after, when called to attend a case of confinement, I felt like summoning an undertaker to accompany me.

METRRORRHAGIA.—T. Henson Smith, L. R. C. P. & L. R. C. S. & L. M., Reddish Green, near Stockport, England, says: I have found the Aletris Cordial useful, chiefly in cases of irregular and difficult menstruations. In one case, a girl of twenty, who had been under my treatment a year with irregular and painful menstruation, I have been able to afford complete relief by giving the Aletris Cordial in teaspoonful doses, commencing about two days before the period, and during the time of menstruation. I have also tried it in a case of dysmenorrhea, with megrimes. The result has been to remove the dysmenorrhea and relieve the headache. I have found it beneficial in many uterine cases.

Rudy's Pile Suppository

is guaranteed to cure Piles and Constipation, or money refunded. 50 cents per box. Send two stamps for circular and Free Sample to MARTIN RUDY, Registered Pharmacist, Lancaster, Pa. No POSTALS ANSWERED. For sale by all first-class druggists everywhere. N.B. Greenfelder & Co., Wholesale Agents, San Francisco, Cal. *Mention this Journal.*

Therapeutic Notes.

H. T. WEBSTER, M. D.

OAKLAND.

CALIFORNIA

TREATMENT OF PNEUMONIA.—The last volume of the Transactions of the National Eclectic Medical Association contains, among other commendable papers, an excellent article on Pneumonia, by Prof. H. L. Henderson, of St. Louis, Mo., in which the writer enunciates several ideas indicative of original enterprise and research in the direction of medical progress.

In one particular, however, I desire to correct a misunderstanding under which the writer seems to be laboring, viz., that he is the only writer who has called attention to the proposition that the greater circulation is the part affected in this disease. After calling attention to this assertion in the text of his article he emphasizes the assertion in the closing paragraph as follows: "The particular feature of this disease that I desire to call attention to in this essay is the prevalent mistaken idea that it is a wrong of the lesser circulation. So far as my limited observation extends, I am not aware of a single author that calls attention to the fact that the disease is situated in the terminal capillaries of the bronchial arteries, branches of the greater circulation."

If the reader will take the trouble to look on page 40 of the writer's work on the Principles of Medicine, published in 1891, he will find the following: "Inflammatory states of the lungs, whether of the parenchyma or lining membrane, must be reached largely through the general circulation, and by such means as control arterial and

cardiac excitement in other portions of the body. It must be recollected that the general circulation supplies the lungs through the bronchial arteries, with blood, which is returned to the general venous circulation through the azygosa and superior intercostal veins."

This point is also referred to under the consideration of asclepias as to its place in the medicine case. On page 156 (Principles) the following will be found: "The vascular area in the lungs supplied by the bronchial arteries demands a special class of remedies. It is here that veratrum finds its best place and here that we derive great benefit from asclepias." In Specific Therapeutics several other references are made to this point, under consideration of different remedies.

IODIA. (Battle & Co.)—Walter W. S. Corry, M. D., L. R. C. S. I. & C., Rosedale Abbey, Pickering, Yorkshire, England, writes:

"I have used Iodia, and am satisfied that it is a very powerful alterative, and a great improvement on the old combination of iodide of potassium and sarsaparilla, the latter drug itself being most doubtful in its effects, while the preparation is valuable also as a diuretic, a thing of no small consideration in most of the diseases in which it is indicated."

SALO-SEDATUS.—I have used Salo-Sedatus, and find it as good as recommended. Indeed, it is the best fever and pain remedy I have ever used.

Stillwater, Ky. G. M. CENTER, M. D.

Gynecological Notes.

D. MACLEAN, M. D.,
SAN FRANCISCO - - - CALIFORNIA.

PRURITUS VULVÆ.

Pruritus Vulvæ is a local manifestation of a diseased condition, which may arise from various causes. Upon a knowledge of the cause depends the success of the treatment. There is no specific, applicable to all cases. Curative measures must be intelligently applied to correcting the wrong which produces the affection. In every case particular attention must be given to the proper nutrition of the patient by appropriate remedies, diet and hygienic influences.

The most common cause is abnormal secretions from the urethra, vagina, or uterus. This discharge may be so slight as to escape the attention of the patient, but sufficiently acrid to produce inflammation of the labia with its accompanying burning and itching, followed by an herpetic condition from scratching the parts.

Diabetes, diseases of the ovaries and rectum, act in a reflex manner on the vulva. In many of the cases arising from these causes no change is found in the derma, at an early period, and only follow from excoriations produced by frictions to allay the intolerable itching. Arthritic diathesis may be a cause or it may arise from a centric nervous origin.

If acrid secretions be the cause, douches containing biborate of soda should be freely used, appropriate remedies applied to control the discharge, and the vagina packed with borated cotton. Locally a ten per cent. solution of cocaine to control the

itching, or calendula ointment containing from five to ten per cent. cocaine. Sometimes I have found an ointment composed of chloral hydrate and camphor each ℥ss , lanolin ℥ij to be quite effectual.

Where the trouble arises from hæmorrhoids or other rectal difficulties the treatment must be directed to those affections. If from nervous conditions bromide of potassium and cannabis indica will be found valuable. Antipyrine may also be prescribed with a degree of confidence in such cases.

ROUGH ON THE DOCTOR.

A Physician's Patient Dreams of an Interview With St. Peter.

The late Dr. Yandell was fond of telling the following on himself:

A lady patient of his, on entering his consultation room one morning greeted him with the remark:

"Doctor, I had such a singular dream about you last night."

"Indeed, said the doctor, "what was it?"

"Why I dreamed that I died and went up to heaven. I knocked at the golden gate and was answered by St. Peter, who asked my name and address, and told the recording angel to bring his book. He had considerable difficulty in finding my name, and hesitated so long over the entry, when he did find it, that I was terribly afraid something was wrong; but he suddenly looked up and asked:

"What did you say your name was?"

"I told him again."

"Why," said he, "you've no business here. You're not due these ten or fifteen years yet!"

"Well," said I, "Dr. Yandell said—"

"Oh, you're one of Yandell's patients, are you? That accounts for it. Come right in! Come right in! That man's always upsetting our calculations in some way."—*Vis Medicatrix.*

Alumni and Personal.

DR. DORA M. HAMILTON, Editor

Communications for this department should be addressed to its Editor, 1422 Folsom Street, S. F.

DEAR READERS:—

We do not wish to be importunate, but time and expense forbids that we should make you each a personal call, and yet we have no other way of finding out what you are up to, unless you assist us by means of the mail. We beseech you, therefore, to write to us—just a word of your trials and triumphs. All enjoy this column, but remember that its interest will depend upon the number of its contributors.

* * *

From an exchange of the interior we clip the following heart-rending account of a happening to a well-known member of the class of '93.

"Dr. Field has the wildest bicycle in town. It will buck, butt, balk, jump, and in fact do almost anything that would naturally try the patience of a rider. Rev. Briggs has not been riding very long and therefore cannot dodge an obstacle very quickly when he happens to meet one. One day this week he was riding peaceably along when suddenly he glanced around and saw Dr. Field heading toward him and coming at full speed. He tried to give Field the entire right of way by crossing over into a vacant lot, but Field's wheel was unmanageable and it struck Rev. Briggs' outfit amidship, and great was the fall thereof. Rev. Briggs came out without a scratch, but Dr. Field happened to have on a Willie-boy coat, the coat came out all right but Willie was scratched up considerably."

* * *

Dr. Jessie Farmer, '88, reports that business is flourishing at her new quarters, 2008 Howard street, San

Francisco. The doctor has good facilities for business and is on hand for the worst or best that comes along.

* * *

Dr. A. J. Compton of Inglewood, Cal., sends a subscription for OUR JOURNAL, and drops a hint to the class of '95 thusly:

"Have you a good man or woman about to graduate who would locate here? A member of the Presbyterian Church would be preferred, but we would welcome any lady or gentleman well up in the profession and a believer in Christianity."

* * *

Dr. Jennie M. Morgan, writes to enquire about a post graduate course at the C. M. C. She also remits for OUR JOURNAL and adds: "I like it very much and believe it the best publication of the kind on the Pacific Coast." As Dr. Morgan is a good Homœopath we appreciate her compliment very highly.

* * *

F. B. Black, M. D., E. M. I. '86, writes from Bengal, Indiana, that he wishes to join OUR JOURNAL Set and says: "I should very much like to know how Southern California compares with Indiana as a location for the practice of medicine." We hope that Dr. Munk of Los Angeles, will notice this request, and will tell us all something about that land where, literally, "Everlasting spring abides, and never withering flowers."

* * *

Q. A. R. Holton, M. D., writes from Nuevo, Cal., that "a first-class all around operating and consulting surgeon, who is a thorough Eclectic, would find a good opening at San Diego." Don't all speak at once.

Dr. A. F. Bowen, Saratoga, Cal., sends congratulations on the general goodness of OUR JOURNAL, and says, that all things considered he is doing well and thinks he occupies a very pleasant corner of the earth.

* * *

Dr. B. King of Kingsville, Mo., an Eclectic of thirty years experience, wishes to be kindly remembered to our Alumni and Eclectics of the farthest West.

* * *

J. E. Shearer, M. D., also of a way down East in Missouri, wishes to be remembered to Eclectics of the truly West, and adds: "Success to OUR JOURNAL, I highly appreciate it."

* * *

Among other friends of OUR JOURNAL in the East is Jacob Hull, M. D., of Hicksville, Ohio, who writes: "I am well pleased with OUR JOURNAL, and its effort at continual improvement. Let the good work go on."

* * *

The papers of California are full of the details of the great murder case of San Francisco, and it is hinted that medical students are "Neither brute nor human—they are ghouls." This fires up one of our fair Alumni who sensibly writes as follows:

DEAR EDITOR:—Why is it that when a doctor or medical student, is suspected of doing wrong, the papers must "howl" about the doctors or students being so cruel and fond of doing awful things? We *must* dissect to know anything of the human anatomy, and if we do not know, there is an equally "large howl" of our not knowing our business. Where is there a doctor or student that loves to dissect for the mere pleasure of cutting? I

never knew one. We all know how hard it is to go in the dissecting room for the first time, and the first dissection is most disagreeable. Familiarity and interest in the work for the sake of what we are studying lessen the feeling of repugnance, but I think there are very few that are not very glad when the required work is done. I think, in fact, that there are few students that would not be glad to avoid it altogether.

The fact that a student took great interest in dissecting, can have no bearing on any case of supposed crime, for I know when I was a student, the most careful worker in the dissecting room was a most quiet and frail little woman who would not hurt a flea. I do not see why doctors and medical students are more likely to murder or mutilate than other people. A mutilated body is of as little account for dissection as broken eggs for incubation. The city furnishes material for anatomical study in plenty, with far less trouble to the individual than for him to go a gunning for subjects on his private account. I say, "give the dissecting room and medical students in general, a rest." DOCTOR.

Medical Societies.

OAKLAND, CAL. MARCH 12, 1895.

The Alameda County Eclectic Medical Association met in regular session at 1116 Washington Street at 8 P. M., Dr. Stetson in the chair.

Roll call showed the following members present: Drs. Derrick, Farrar, Metcalf, Stetson, Sharp and Wade. Minutes of the previous meeting were read and approved.

Under new business was a discussion

as to how to make our meetings more profitable. It was decided by vote that we should have a subject for each meeting for general discussion, should the essayist fail to be present. The topic selected for the ensuing meeting was "hypertrophy of the heart."

Further under the head of new business a motion was made "that a committee of five be appointed by the chair, himself to be one of the number, to wait upon the incoming mayor to request of him equal representation in the appointment of the Board of Health of this city." This was seconded and carried and the committee named as follows: Drs. Stetson, Church, Sharp, Webster and Buckland.

Dr. Van Kirk was appointed essayist for the next meeting.

Upon motion the meeting adjourned.

OAKLAND, CAL. MARCH 26, 1895.

There was a good attendance at the regular semi-monthly meeting of the Alameda County Eclectic Medical Association which convened at its regularly appointed place on Tuesday evening of the above date.

The members present were Drs. Church, Derrick, Fearn, Farrar, Metcalf, Sharp, Stetson, Stone, Tucker, Van Kirk and Wade. Several visitors also met with us.

After the minutes had been read Dr. Farrar gave his experience of a private interview with Mayor Davie. He thought we should represent the rights of Eclectics as a school rather than to work for individuals. His talk with the mayor had been quite encouraging.

A very interesting paper was then presented by Dr. Van Kirk entitled, "Diagnosis and Therapeutics." A close study of individual cases was urged

and the doctor thought that from her observation and practice extending over a period of twenty-five years that there was too little diagnosis and too much medication. A spirited discussion of the paper followed in which all took part. The doctors agreed with the essayist in regard to the need of critical and careful diagnosis but some exceptions were taken to the points in regard to medication. The doctor ably defended herself, however, at the close and said that she had enjoyed the criticism.

Dr. Webster was appointed essayist for the next meeting and Dr. Campbell as alternate.

Dr. Oliver L. Jones was duly recommended to membership of the association and was accepted by unanimous vote.

Moved, seconded and carried that we adjourn till April 9, 1895.

VICTORY A. DERRICK, M. D., Sec.

New Remedies.

PIL ORIENTALIS (THOMPSON).

Dear Doctor:—We are daily receiving reports and suggestions from physicians all over the Union and Canada, recording most brilliant results from the use of Pil Orientalis (Thompson), in cases of impotency which would yield to no other treatment.

In the treatment of impotency, electricity, massage, introduction of bougies and rectal dilation must not be overlooked.

Pain, irritation, cauterization, and often inflammation, caused by urethral dilatation, etc., may be speedily relieved by the use of the rectal dilator filled with hot water and retained five or ten minutes. Full details of diagnosis and

treatment will be sent on application.

Neuralgia of the testes, tuberculosis, syphilis and gonorrhœa are among the many causes of impotency, and the cause must be removed before satisfactory results can be expected.

Pil Orientalis (Thompson) will be found invaluable in most cases of impotency, but it is not our desire to presume that it will "cure all" and every disease in this line. We rely upon the physician to use his own knowledge and judgment to meet the many contingencies which arise in treating this most distressing complication of diseases. Pil Orientalis (Thompson) contains in ambrosia orientalis a reliable aphrodisiac, though additional professional treatment and surgical aid may be required in the majority of cases.

We are very willing to send small samples to physicians interested, in order that they may demonstrate upon themselves the great value of the Extract Ambrosia Orientalis; but we must positively decline to accommodate the doctor who has "several cases of impotency of long standing on hand, and who, if sufficient pills are sent him, will furnish a testimonial for publication!"

All communications should be addressed to the Thompson Laboratory, Washington, D. C.

Pil Orientalis (Thompson) is only for sale upon physician's prescriptions, and is not advertised in any manner to the laity. Address, The Thompson Laboratory, Washington, D. C., P. O. box 553.

* * *

FLUID HYDRASTIS (MERRELL).—The advantages of Fluid Hydrastis (Merrell) are indisposition to precipitation on addition to or combination with aqueous solutions and medicaments, owing to the absence of the resinous portions of the drug, which are present in the officinal fluid extract. Fluid Hydrastis holds in aqueous solution the drug's potent therapeutic constit-

uents, the alkaloids hydrastine and berberine. In their extraction from the roots as specific products, the berberine is first precipitated by the addition of diluted hydrochloric acid, and after its separation the hydrastine is obtained by adding ammonia water to the mother liquor, and may be purified by repeated washings in pure alcohol. In its action Fluid Hydrastis is a tonic, cholagogue, deobstruent, diuretic, antiseptic and laxative in constipation and piles. Its chief use however, is an alterative in various diseases of the mucous membranes, such as catarrh, chronic enteritis, cystorrhœa, leucorrhœa, gonorrhœa, etc. The dose internally is from one to two fluid drams. As a constituent of injections and washes, combined with other medicinal substances, it is exceedingly useful. It should be given with water, wine, glycerine, syrup or added as an ingredient to special formulæ.

* * *

ANTI-KAMNIA.—In the after-treatment of a case where an "operation for the relief of an impermeable occlusion of the œsophagus of five years standing" had been performed, which operation was reported at length in the *N. Y. Medical Journal* of March 23, 1895, Dr. Augustus C. Bernays, A. M. M. D., Heidelberg, M. R. C. S. Eng., Professor of Anatomy and Clinical Surgery at the Marion-Sims College of Medicine, the operating surgeon, says: "The patient rallied fairly well after the operation, but she became greatly emaciated. Liquid food was given at short intervals and stimulants as indications demanded. In order to allay the extreme nervousness and irritability, antikamnia was given and it acted promptly and satisfactorily in every instance."

Of the further history of the case it may be stated that on the seventh day after operation, the patient took into her stomach through the natural channel the first food which had passed it in five years; and that in two months convalescence was regarded as fully established.

The Real Value of the Medicinal Peroxide
of Hydrogen Preparations found
in the Market.

H. ENDEMANN, PH. D. CHEMIST.

Formerly Associate Chemist to the New York City
Board of Health.

Abstract from the Times and Register of Philadel-
phia, Pa., Dec. 15, 1894.

In this valuable article the writer
states, that a standard solution of med-
icinal H^2O^2 must answer the following
tests:

on the market being submitted to the
above tests, gave the following results:

By referring to this table, it is easily
noticed, that brands No. 7 and No. 12
are valueless.

The brands No. 8 and No. 9 are not
fit for medical purposes, owing to the
fact that they contain traces of soluble
baryta salts.

The brand No. 3 has a heavy sedi-
ment of sulphate of baryta, which may
be considered inert towards the system,
but it is certainly detrimental to the
keeping qualities of this preparation.

Brand No. 14, which is sold as a ten

BRANDS OF
 H_2O_2 SOLUTIONS.

			Volume of Available Oxygen determined by means of a solution containing 5.665 Grammes of Permanganate of Potash per liter of dis- tilled water.	Residue obtained from 100 C. C. of Peroxide of Hydro- gen dried at 120 degrees C.	Acidity expressed in Cubic centimeters of Normal Volu- metric Soda Solution for 100 C. C. of Peroxide.	Baryta found in Soluble Baryta Salts contained in 100 C. C. of Peroxide.
No. 1.	John Bene's	H_2O_2 (Medicinal)	10.50	0.1886	2.19	None
No. 2.	Hydrozone		27.35	0.2180	3.11	"
No. 3.	Larkin & Scheffer's	H_2O_2 (Medicinal)	9.65	0.1206	6.75	"
No. 4.	Mallinckrodt's	" "	9.55	0.1408	1.43	"
No. 5.	Marchand's	" "	16.55	0.564	1.29	"
No. 6.	McKesson & Robbins'	" "	10.95	0.0540	0.44	"
No. 7.	Merck & Co.'s	" "	0.50	0.2418	4.57	"
No. 8.	Oakland Chemical Co.'s	" "	10.50	0.0382	0.34	0.0017
No. 9.	Peuchot's	" "	10.60	0.4674	1.77	0.0018
No. 10.	Powers & Weightman's	" "	8.40	0.0830	2.03	None
No. 11.	Pyrozone, 3 per cent.	" "	11.20	0.0534	0.76	"
No. 12.	Rosengarten & Son's	" "	3.10	0.1002	0.25	"
No. 13.	Smith, Kline & French Co.'s	" "	6.15	0.0880	2.6	"
No. 14.	E. R. Squibb's	" "	12.40	1.004	12.04	"

1. It should contain at least 15 vol-
umes of available oxygen.

2. The quantity of free acids con-
tained in 100 cubic centimetres should
require not less than 1 c. c. and not
more than 3 c. c. of normal volumetric
soda solution, to be made neutral.
Such a small quantity of free acid is
not objectionable.

3. It should not contain any soluble
baryta salts.

4. It must be free from sediment.
The different brands which he found

volume solution, is really twelve vol-
umes, but it is too acid.

Brand No. 5, which is sold as a fif-
teen volume solution, is really 16.55
volumes, viz: About 10 per cent. above
the standard.

The brand No. 2, which is sold with-
out any mention of volume, is really a
27.35 volume solution, viz: Ninety
per cent. above the standard.

None of the other brands come up
to the standard, but on the contrary
run from 35 to 55 per cent. below.

BROMO LITHIA

ADDITIONAL TESTIMONY

The new mineral water, Bromo Lithia, from Ripley, Ohio, that has recently been attracting the attention of our physicians, is showing very favorable results in a variety of cases. We quote a few of the most interesting ones for the benefit of our readers.

Report from a patient at the San Francisco City and County Hospital.

Feb'y. 6th, 1895.

For six years I have been under treatment for cystitis; a number of different physicians prescribed for me during that time, and I spent a large sum of money, (\$2800) in seeking relief, but grew worse until I was very bad and compelled to come to the Hospital. They placed me on Bromo Lithia Water, and in three weeks I received more benefit than from all the other treatment combined. This gallon, the fourth, will complete my cure. The physicians here know how bad my case was and what the water has done for me, they express themselves as very well satisfied indeed with the results and I assure you I shall not cease praising its virtues. J. R. MANNING.
Ward B.

Report from St. Joseph's Hospital.

San Francisco, Cal., April 2, 1895.

Some time ago Mr. Priest, the agent for the Ripley, Ohio, Bromo Lithia Spring Water requested me to give the water a trial in some case to which it would be adapted.

About this time a case of gonorrhoeal rheumatism came under my observation, in which the ordinary methods of treatment had not proved successful, a not unusual occurrence in this rebellious form of disease. I concluded to try the Bromo Lithia Water. The patient, a young man about twenty-four years of age, who had suffered severe pains for four and a half months, improved rapidly, his pains left him, his right knee which had been almost ankylosed in a rectangular position, became movable again, and by the aid of the usual mechanical appliances, massage, etc.,

he improved so rapidly and did so well that we were able to pronounce him cured in a very short space of time, he being under our care only nine weeks.

DR. EICHLER,

1012 Mission St.
Physician to St. Joseph's Hospital.

San Francisco, March 25, 1895.

I have used Bromo Lithia Water with marked benefits in a few cases of vesical and rheumatic troubles and in one case of dyspepsia, and am satisfied that the water is deserving of a trial in obstinate cases of this nature.

520 Sutter St. G. E. DAVIS, M.D.

San Francisco, March 28, 1895.

I had a case of chronic cystitis which would not yield although almost all remedies usually given in such cases had been tried for a long time; Bromo Lithia Water was given a trial. The first gallon did not cause marked improvement but shortly after commencing on the second gallon the case rapidly improved and was entirely cured upon finishing same.

504 Kearny St. DR. J. M. HEINIMANN.

San Francisco, April 22, 1895.

I have used Bromo Lithia Water in conjunction with the medicinal treatment, diet, etc., in diabetes, and, I believe, with good results; the Sp. G. and sugar being less when the water was added to the treatment. I believe it to be worthy of a trial in these cases.

JAS. K. WARNER, M.D.

202½ Stockton St.

Further particulars of the Agent, W. I. PRIEST, City of Paris Building, San Francisco, California.

Telephone Main, 5515.

California Medical Journal.

Published by the California Medical College.

DR. C. N. MILLER, Managing Editor.

Terms: \$1.50 per annum, In Advance.

The Editor disclaims any responsibility for the statements or opinions of contributors.

Expression is essential to growth. We cordially invite all Eclectic physicians who would keep abreast with the times to make frequent use of our columns.

To insure accuracy, employ the typewriter when possible. Otherwise prepare manuscript with care, re-writing when necessary; be kindly thoughtful of the Editor and compositor, and do your own drudgery—time is money.

This JOURNAL will be issued on the first day of the month.

Let all communications be addressed, and money orders made payable to the

CALIFORNIA MEDICAL JOURNAL.

1422 Folsom Street,

San Francisco, California

Editorial.

NAUGHTY.

Winslow was naughty. He violated not only the Medical Code, but the moral code as understood by gentlemen. He tried to steal a patient from a brother practitioner and held out inducements of restoration to health to a sufferer upon whom the hand of death had been heavily laid. Whether he shed tears of contrition before being reprimanded by the President of the State Society, I do not know. He was however, restored to the bosom of the society on promise of sinning no more.

If he had been a so-called irregular practitioner it would not be so astonishing. But a simon-pure, dyed-in-the-wool, professor in the Medical Department of the State University, to do such a naughty trick is inexcusable. For the elect to fall is humiliating. He has my prayers that he may be more careful and not be caught in the future.

MAC.

WHY NOT?

The State has appropriated \$250,000 to erect buildings for the accommodation of certain colleges. In this is included the Medical Department of the State University. The North Beach institution embraces but a limited view of the practice of medicine. A large percentage of the people of this State are not willing to accept the gospel of medicine as expounded at the foot of Stockton street. *Twenty-five* per cent. of them patronize Eclectic and Homœopathic physicians. At least thirty-five per cent. of the taxes that support the University are contributed by the patrons of those schools. Shall they be taxed without representation? If the State undertakes to teach medicine it must give representation to all schools. It cannot act as censors on individual opinions, and say this is the correct theory and all other theories are wrong. The State is not infallible. If it were, it might be the keeper of conscience and dictate our religion as well as our medicine.

This matter must be agitated from one end of this State to the other. Our rights must be set before the people in season and out of season. We must make it our morning song and evening prayer that Eclectics and Homœopaths shall be appointed to professorships in the Medical Department of the University when these stately buildings are erected at the expense of the tax payers of the State.

MAC.

THE \$10,000 DRUG SHOP.

We are gradually drifting from our moorings and the established principles

of the founders of our government. We are substituting paternalism for individualism.

It is not the province of the State to engage in any business in opposition to the citizen, or in business that can be, and is successfully conducted by the individual. It is our freedom in business without governmental restriction that has made us the most reliant and independent people in the world—that has developed this country and made us prosperous and successful.

Depending on the State for aid, enervates ambition and withers enterprise. The State should encourage, but not compete against individual effort. If it does, we shall become weaklings and as dependent as children.

If the State may engage in one business, why not in all? If in manufacturing antitoxine why not in quinine? If in quinine, why not in flour? It will not do to say that the State can prepare antitoxine better than private individuals or firms. Private firms are as trustworthy as Boards of Health. Reputation is at stake and success depends upon reliability and good work. Druggists can get antitoxine as readily as they can opium. The fact of the matter is, the State is out of place in the drug business. The \$10,000 should be kept in the treasury for a better purpose. MAC.

OUR FRONTISPIECE.

It is with the greatest pleasure that we present for our frontispiece in the present issue the portrait of a member of our faculty who is well known to all of our readers, Prof. M. E. Van Meter, M. D.

Since 1890 the doctor's writings have appeared in nearly every number of OUR JOURNAL, and for two years he was manager and editor, and kept it alive and growing, when, but for his indomitable will and energy it must certainly have suspended publication.

The doctor is a native of Illinois, born in 1851. He graduated at the St. Joseph Hospital Medical College, Missouri, (regular) in 1879, and afterwards took a special course on diseases of women at the same college. In 1884 he located at Red Bluff, Cal., and built up a large and lucrative practice, and while there was appointed Surgeon for the Southern Pacific Railroad Co.

In 1889, Dr. Van Meter came to San Francisco, and took a full post graduate course at the California Medical College. Since his graduation the doctor has been connected with the college as a Professor, first occupying the chair of Theory and Practice and afterward of Clinical and Orthopædic Surgery, which position he now holds.

The doctor is a careful diagnostician and a neat, rapid and skillful operator. As an instructor he is pains-taking, kind and enthusiastic. As a friend he is warm-hearted, obliging and reliable.

The doctor's physical strength is hardly equal to his ambition, and he is frequently compelled to put on the brakes, but having as yet hardly arrived at the prime of manhood, with great natural ability and love for his work, and with high scholastic attainments and large experience, we predict for him a future of more leisure and freedom from care, that will enable him to wear the harness for the full three-score years and ten, and to fully round out a career to which our coast Eclectics will ever point with pride.

PROFESSOR GERE.

An error occurred in our sketch of Dr. G. G. Gere, April JOURNAL, page 133, by which his professional life was somewhat abbreviated. The doctor graduated in May 1871, and came to California in August 1878.

We trust there will be no mistake in regard to his location by those who wish to see him. His new office is at 227 Geary Street, San Francisco.

LADIES' AUXILLIARY.

We clip the following from the Journal of Proceedings of the Texas Eclectic Medical Association.

"The advisability of forming a Ladies' Auxilliary to the Texas Eclectic Medical Association was mentioned by Dr. L. S. Downs of Galveston, who offered the following to the association, which was adopted.

"Because of the great necessity of a more active medical reform and a more systematic means of disseminating Eclectic ideas, and fully appreciating the power and influence of women in all other reforms, we, the Texas Eclectic Medical Association, do hereby recommend and approve of the establishment of a Ladies' Auxilliary Association."

Unless it can be shown that certain branches of the profession should be turned over to the women, is there a necessity for a division of effort, and will it not be a source of weakness rather than of strength? Perhaps a friendly rivalry will spring up between the two societies that will stimulate activity in both. The experiment will be watched with interest.

We are in receipt of an "Explanatory Chart of the Amick Theory of Pulmo-

nary Consumption, and the Cranial Nerves in their Relation to Consumption." Within the last three years, the Amick's have treated thousands of cases of consumption and accurate records have been kept. A fund of information has thus been secured of the greatest value. Physicians interested should communicate with this Firm and they will be furnished with facts and theories that are new and useful in the treatment of the most insidious and deadly of all diseases.

OREGON MEDICAL LAW.

"Senate bill No. 201, introduced by Senator J. H. Raley passed the legislature and has become a law. It regulates the practice of medicine in the state of Oregon, being almost a copy of the Washington law, which in turn was taken with modifications from the statute on this subject in Minnesota. Senate bill No. 201 provides for a board of six examiners whose terms expire in rotation and two years apart. The three schools of medicine are represented on the board. Persons at present practicing legally under the statute as now on the books are not affected by the new provisions, but may continue to practice. After a certain date, all who enter practice must pass an examination, and credentials from other state boards or from medical institutions will not entitle one to a certificate. Justices of the peace are given jurisdiction over violations of the law."

The above was sent us by W. S. Mott, M. D., Sec. Oregon State Eclectic Medical Association, Salem, Oregon. The doctor announces that the Fifth Annual Meeting of the Association will convene in Salem on Tuesday, the 21st of May. A strong delegation of Eclectics from California in attendance would result in great good to our cause on the entire coast. We hope this may be accomplished at least next year if not this.

ECLECTIC HEALTH JOURNAL.

Enclose a stamp to Dr. R. A. Hasbrouck, Salt Lake, Utah, for a copy of the new issue of the *Eclectic Health Journal*. It has withstood the ordeal of fire and great opposition and deserves to be encouraged.

MARRIED.

At the residence of the bride's parents, April 17, 1895, Dr. C. E. Hailstone and Miss Lizzie Graham; both of San Jose, Cal.

The above notice was received too late for the Alumni column and we give it room here.

Dr. Hailstone is a graduate of the C. M. C., and was one of our most brilliant students. He is a young man with a future. The bride is an estimable young lady of beauty and accomplishments. OUR JOURNAL sends hearty good wishes and congratulations to the happy couple, and shall at all times be glad to chronicle the advent of—any little items of interest that the future may have in store for them.

THE EARTH IN A FRAME.

We are in receipt of a complete map of the world, corrected up to date, from the Rio Chemical Company of St. Louis, Mo. They have undertaken the stupendous task of mailing one to every physician in the United States, Canada and Europe. The Rio boys do nothing by halves, and their medicinal preparations, like their map, are corrected up to date and perfectly reliable.

HOW TO COOK A HUSBAND.

One of the lecturers before the Baltimore Cooking School, recently

gave this receipt for cooking a husband, which is not commonly found in cookery books: A good many husbands are utterly spoiled by mismanagement. Some women go about it as if their husbands were balloons and blow them up. Others keep them constantly in hot water. Others let them freeze by indifference and carelessness. Some keep them in a stew by irritating ways and words. Others roast them. Some keep them in a pickle all their lives. It cannot be supposed that any husband will be tender and good if managed in this way, but they are delicious when properly treated. In selecting your husband, do not go to market for him, as the best are always brought to your door. It is far better to have none, unless you patiently learn to govern him. See that the linen in which you wrap him is properly washed and mended, with the required number of buttons and strings tightly sewed on. Tie him in a kettle by a strong silk cord called "comfort," as the one called "duty," is apt to be weak. They are apt to fall out of the kettle and to be burned and crusty on the edges; since like crab and lobsters, you have to cook them while alive. If he sputters and fusses do not be anxious, some husbands do this until they are called *done*. Add a little sugar in the shape of what confectioners call kisses, but no vinegar or pepper on any account. A little spice improves them, but it *must* be used with discretion. Do not stick any sharp instrument into him to see if he is becoming tender. Stir him gently, watching the while lest he adhere to the kettle and so become useless. You cannot fail to know when he is done. If this treatment is closely followed, you will find him all that is desirable, *but do not* be careless with him and keep him in *too cool* a place.

AN INTERNATIONAL BIMETALLIST.

Strenuously as Mr. Horton advocated the restoration of silver to its proper place, he was as firmly opposed to any attempt in this direction by the United States alone. Such a course, he knew, would simply have put this country at a disadvantage, commercially, with the gold countries of Europe, and reduced it in the world's money market to the level of South America and China. He therefore opposed with all his influence and learning the effort to introduce the free coinage of silver in this country by an act of Congress, and he had the satisfaction of knowing that his position fulfilled one great criterion of correctness, in that it was bitterly assailed by the extremists on both sides. He rejoiced in the repeal of the so-called Sherman silver law and for years previously had urged the repeal of the Bland bill, which, in his opinion, constituted the greatest obstacle to international action on behalf of the universal free coinage of silver.

*** Being requested to write out briefly an entirely correct platform for the Republican party, Mr. Horton became the author of the following paragraph, which was adopted by the Republican State Convention in New York, at Saratoga, September 23, 1895: "We desire of Congress the passage of an act putting an end to the enlargement of the stock of money formed of silver or based upon silver; the maintenance of the gold standard, and of the parity with gold of all kinds of money in use, is essential to the prosperity of our country, and the restoration of silver to its former position as good money, through equality with gold before the law, in a majority of commercial nations, must remain, until accomplished, the chief aim of our monetary policy."—*Review of Reviews*.

Free of Charges:—The therapeutic applications of Peroxide of Hydrogen (medicinal), Glycozone and Hydrozone, by Charles Marchand, Chemist. Ninth edition.

This book of 200 pages, which contains all information on the subject, with reprints of elaborate articles by leading contributors to medical literature, will be mailed to doctors mentioning this publication. Send full address to Charles Marchand No. 28 Prince St., New York.

Special excursion rates from all points are promised for the meeting of National Eclectic Medical Association at Waukesha, Wisconsin, on June 18, 19 and 20th, and a special train from Chicago to Waukesha. Please inform the corresponding secretary, J. V. Stevens, M. D., 103 State St., Chicago, if you are expecting to go so that complete arrangements may be made for the comfort and convenience of all who may attend.

The Fifth Annual Meeting of the Oregon Eclectic State Medical Association, will convene Tuesday, May 21, 1895, at Salem, Oregon.

The programme will be as follows: Calling to order; address of welcome; response; reading of minutes; reading communications; adjourn for lunch.

Afternoon, two o'clock. Opening; annual address of Pres. H. Michener, M. D.; reading of papers: "Fads in Medicine," J. M. Gailey, M. D., Eugene, Or.; "Emergencies in Country Practice," R. O. Loggan, M. D., Philomath, Or.; "Placenta Previa and its Management," Emil Kirshgassner, M. D., Medford; "Balneotherapy. its Use, Neglect and Abuse," James Surman, M. D., Portland; "Strychnia Poisoning and its Treatment," E. D. McKenney, M. D., Eugene, Or.; "Eclecticism its Status, Progress and Specific Features,"

G. W. McConnell, M. D., Newberg; "A Comparison of the Three Leading Medical Schools," H. E. Curry, M. D., Baker City; "Report of Case in Practice" B. E. Artman, M. D., Junction; "Abdominal Surgery," J. M. Caine, M. D., Halsey; "Diseases Peculiar to Women," W. S. Mott, M. D., Salem; "Organization and Co-operation as Necessary Adjuncts to Success," A. L. Richardson, M. D., La Grande; "Bacteriology as an Aid to Diagnosis and Treatment of Disease," S. C. Browne, M. D., Falls City; "An Ode to a Skeleton," written by the Secretary; Unfinished Business; Election of Officers for 1895-6; adjournment.

Present officers: H. Michener, M. D., President, Halsey, Or.; J. M. Gailey, M. D., Vice President, Eugene, Or.; R. O. Loggan, M. D., 2d V. P., Philomath, Or.; W. S. Mott, M. D., Sec., Salem, Or.; S. A. Davis, M. D., Treas., Salem, Or.

Book Notes.

ETIDORHPA, OR THE END OF EARTH. "A strange history of a mysterious being, and the account of a remarkable journey, as communicated in manuscript to Llewellyn Drury, who promised to print the same, but finally evaded the responsibility, which was assumed by John Uri Lloyd. With many illustrations by J. Augustus Knapp. Author's edition, limited."

This book is now in press. Only a special edition will be issued, to consist of not more than five hundred copies.

The book will contain from three to four hundred quarto pages, and will be finely illustrated with about one hundred original plates and cuts. The price will be about one cent per page,

and the book will probably be delivered in June or July. A more extended notice of this "product unique in letters," will appear in future. Meanwhile, if you hope to get a copy of this work send your name at once to Professor J. U. Lloyd, Cincinnati, Ohio, as the entire edition is already nearly all spoken for, and no subscriptions will be taken after May 15th. From a note from the author we select the following:

"While I have spent much time and money upon the work, this does not indicate that it will appeal to others as it has to me, and I sincerely urge those who have no thought above the materialistic side of life, or who either do not care or do not dare to question beyond artificial creeds, religious or scientific, to refrain from reading it, and to withhold their subscription.

Finally, I will say that the total issue, at the announced price, will not return half the expense I have lavished upon it.

JOHN URI LLOYD."

Cincinnati, Ohio.

TRANSACTIONS OF THE ANTI-SEPTIC CLUB. Reported by Albert Abrams, a member of the San Francisco medical profession. In one large octavo volume, illustrated by pen-and-ink sketches, specially designed by Moss, Keeler, and Tiers, printed on disinfected paper, artististically and substantially bound in antiseptic dressing, \$1.75. Presentation edition. First impressions, large paper, extra quality. Gilt top, uncut edges, half vellum cloth, limited to subscriptions received, and numbered, \$2.75. E. B. Treat Publisher, No. 5 Cooper Union, New York,

This volume comes laden with sterilized wit and humor. Every page is illumined by the phosphorescent microbes of unalloyed sarcasm; illustrating by pen and pencil the fads and foibles of modern Æsculapians.

The seemingly perverted use of medicated pulp and carbolized ink is not always abortive of beneficial results. Truth is often a nauseous pill to swallow; here it has the sugar-coating and flavor of mirth-provoking humor. In the transactions of the Antiseptic Club the thoughtful physician will find much to awaken his curiosity and interest; from the organization of the club, the various papers read and discussed, the testimonials considered, the cases submitted; the hypoderm, and finally the dental clinic at its rooms, all will be found redundant with effervescent exuberance. Charles Lamb says, "A laugh is worth a hundred groans in any market." Here a hundred laughs may be provoked to animate the muscles of mirth, atrophied from the disuse incident to the cares and anxieties of medical practice. Those *in quest* of a case find here a needed *repose* in the refreshing outbursts of wit and humor which bubble and sparkle with health-giving cheer as the tale is told; and not a line will be found to be "*extra dry*."

ANTISEPSIS AND ANTISEPTICS.

By Charles Milton Buchanan, M. D., Professor of Chemistry, Toxicology and Metallurgy, National University, Washington, D. C.; with an introduction by Professor August C. Bernays. Published by the Terhune Co., Newark, N. Y.

This little work—353 pages, 12mo—contains a very comprehensive history of antiseptics, and also all the latest propositions of modern bacteriologists, as to proposed modes of dealing with disease from such standpoint. Koch, Pasteur, Laveran, Klebs, Loeffler and other seekers after microscopic forms of disease are his apostles, and he car-

ries an abiding faith in anti-toxine in his bosom. The work is well written, is entertaining and instructive, and is calculated to post the reader thoroughly on the prevailing fad of the day in the medical world. Medical students will find all they need to know about the prevention and cure of disease—as well as the etiology—from a bacteriological standpoint. While much that is now being taught on this subject will probably be relegated to the background within the next few years, it is now so much at the front that it is well to know what others believe, even if one is not himself carried away with the craze. This little work is very complete on the subject, and can be highly commended as such. It can be obtained from the publishers for \$1.25.

H. T. W.

SKETCHES OF WONDERLAND. A handsome and artistic little brochure, beautifully and elaborately illustrated, giving valuable and reliable information to tourists and setting forth to advantage the marvels of Wonderland.

The chapters on Yellowstone Park and Mt. Ranier are especially commendable. Doctor, in your trip East, to the National, don't forget to obtain stop-off privileges and visit the Yellowstone National Park. Write for particulars to Chas. S. Fee, General Passenger and Ticket Agent of the Northern Pacific Railroad, St. Paul.

LECTURE NOTES OF PROFESSOR LOCKE.

OUR JOURNAL is pleased to announce that on May 10th the firm of J. M. Scudder's Sons, Cincinnati, will issue 'A Syllabus of Eclectic Materia Medica and Therapeutics,' by Professor Fred-

erick J. Locke, M. D. The work will contain about 450 pp. 12 mo., and be sold at \$2.50, net, in cloth. It will embrace all of the "Lecture Notes" of Professor Locke, delivered before the classes of the Eclectic Medical Institute, edited with additions by Professor Felter, with notes on Pharmacy and Specific Medicines, by Professor Lloyd.

TRANSACTIONS OF THE NATIONAL ECLECTIC Medical Association of the U. S. of America, for the year 1894. Edited by Alexander Wilder, Sec., Vol. XXII. Published in behalf of the association. The Chronicle Press, Orange, N. J.

These Transactions include the proceedings of the twenty-fourth annual meeting, held at Niagara Falls, in the State of New York, June 1894, together with the reports, papers and essays furnished before the several sections in their sittings.

Every Eclectic should see that he obtains a copy of the work as it will prove useful both for future reference and a present knowledge of the status of Eclecticism.

The April number of *The Art Amateur* would make a charming Easter gift to an artistic friend. The two color plates are "Geraniums," by Paul de Longpre, and "Village Children," a water-color sketch by Rhoda Holmes Nicholls. There are the usual eight large pages of working designs for China Painting, Embroidery, Wood-carving, etc. That vigorous French painter and illustrator, Jean Francois Raffaelli, is the special hero of the number, which abounds in facsimiles of his spirited street scenes. Strikingly in contrast with them is the exquisite picture, "Night and her Child Sleep," by Simeon Solomon, which forms the frontispiece. "Drawing for Reproduction," as usual, will be found

very valuable by the art student who would become an illustrator. Following the same idea is Miss Hallowell's beautifully illustrated "Flower Drawing in Pen-and-Ink." Flower Painting in Water Colors, "Landscape Painting," and Figure Painting," in both oil and water-colors, are fully treated. "How to Make a Plaster Cast from Life" will be welcomed by young ladies with "Trilby" feet. Under "China Painting," the most practical and simple instructions are given, with a profusion of good designs. "Electric Lighting" and "Some Elegant Bedroom Furniture" are especially illustrated, and there are "Notes on Recent Interior Decoration" and articles on Floral Decoration" and "Embroidery"—altogether a sumptuous number. Price, 35 cents. Montague Marks, Publisher, 23 Union Square, New York.

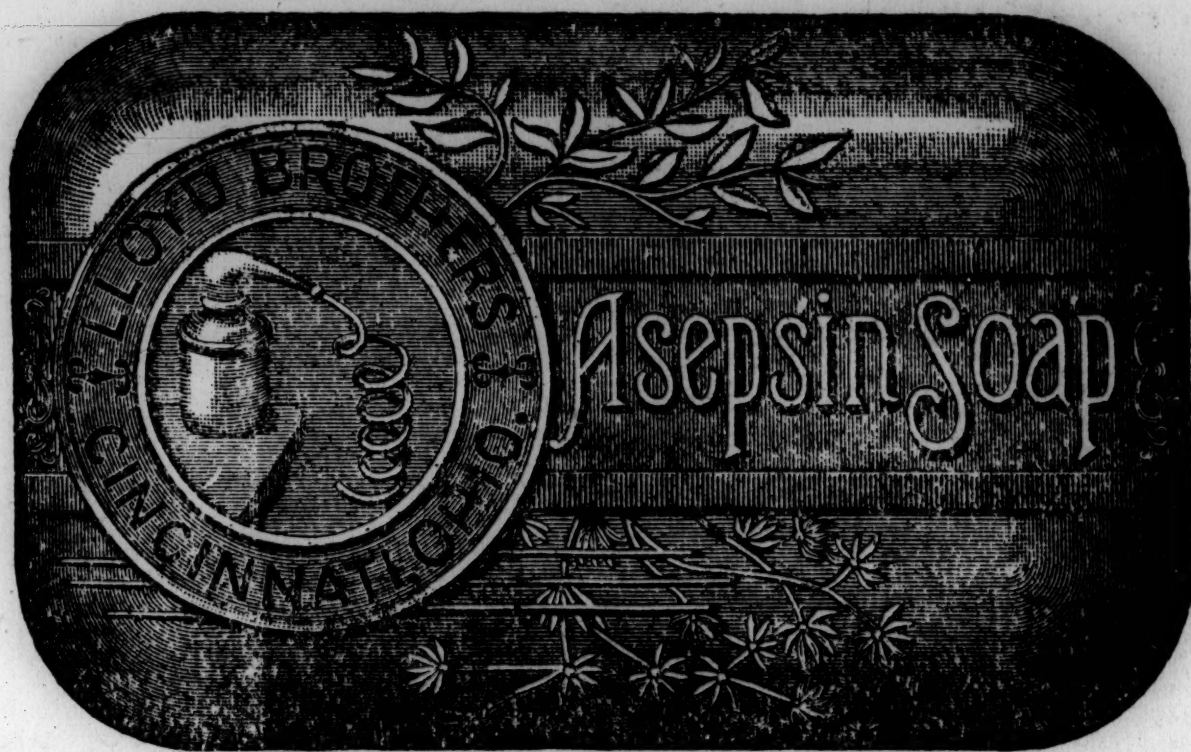
THE INTERNATIONAL MEDICAL ANNUAL AND PRACTITIONER'S INDEX, for 1895. A work of reference for medical practitioners. Ably edited. Thirteenth year of publication. Price, \$2.75. Publisher, E. B. Treat, 5 Cooper Union, New York.

A review of the latest and best that has appeared in medical literature during the past year, is of incalculable value to the busy practitioner. The *International Medical Annual*, published annually, sums up the newest and most recently approved methods in the treatment of diseases and furnishes the physician with a digest of the literature that has appeared in medical periodicals during the year.

PHYSICIAN'S POCKET DAY BOOK and Visiting List.

We have received a copy of this useful little publication, and can say that physicians will find it a very handy thing to have in their pocket. The publishers, the Medical Novelty Company, of 21 West 23d Street, New York City, will mail it throughout the year to any physician who will send his name and address, free of charge.

ASEPSIN SOAP



MEDICINAL USES OF ASEPSIN SOAP.

FOR THE SKIN.—The antiseptic qualities of Asepsin and Borate of Sodium make this soap desirable for the preservation of the dermal tissues, and to remove and prevent cutaneous blemishes. It is valuable for roughness of the skin, acne, comedones, milium, blotches, excessive greasiness of skin, for softening and preventing roughness and chapping of the hands. It corrects abnormalities of the sebaceous glands, thereby regulating the lubrication of the skin, and is further useful to repair dermal tissues when they have been subjected to the deleterious action of chalks and cosmetic lotions.

CUTANEOUS DISEASES.—For the following skin affections it may be used freely with marked benefit: Acne vulgaris et rosacea, seborrhoea, eczematous eruption, herpes, psoriasis, prurigo, syphilitic eruptions, dermatitis, ulcerations, pruritic conditions, parasitic diseases, as scabies, for the relief of rhus poisoning, and for the removal of pediculi. A clean skin is necessary in any course of medication, and Asepsin Soap is a rational cleanser.

IN SURGERY.—The surgeon will find it valuable for cleansing the patient as well as the operator's hands, sponges and instruments. For its cleansing and antiseptic effects it may be employed in wounds of all kinds, chilblains, bed sores, ulceration, pustules, and for removing offensive and irritating discharges, and as a foot wash.

IN GYNÆCOLOGY.—It is useful in irritating and offensive discharges concomitant to diseases of females, giving rise to pruritic and inflammatory conditions. Leucorrhoea, simple vaginitis and vulvitis, ulcerations and pruritus vulvae, are conditions in which it is particularly indicated.

CONTAGIOUS DISEASES.—In the exanthemata it should be employed to hasten desquamation thereby shortening the period of contagiousness and hastening convalescence.

At the time I received the Asepsin Soap, I was suffering intensely from pruritus ani, and had already tried with scarcely even temporary relief, all—or nearly all—the standard remedies for this well-known ailment. I was well-nigh crazed with the intolerable itching, pricking, sticking, gnawing biting, burning pain. I had been nearly sleepless for several nights, and I was so busily engaged with my professional work all day long that it seemed to me that life was a burden, and I could get no rest at night. I frequently sprang from my bed, and ran wildly, crazily anywhere;—suicide would not be strange in anyone in such a condition.

Your Asepsin Soap I used without faith, but with astonishing and almost immediate relief and ease. I think I have never before recommended any special preparation, but nothing less than gratitude is due you for this benefit, and that gratitude I express most heartily now. I have delayed this letter many weeks, but I am still as thankful as ever, for my suffering was of a kind not to be forgotten,

PAUL T. BUTLER, M. D., Alamo, Michigan

ASEPSIN SOAP IS NOW READY FOR THE MARKET.

PRICE, \$1.40 PER DOZEN.

For toilet purposes, a cake of ordinary soap of this size is sold for 25 cents. In order to introduce it, on receipt of 40 cents in postage stamps, we will, for a time send one-fourth dozen cakes by mail to any physician who has not previously purchased it. Send for a quarter dozen, and you will never employ or recommend any other soap, either for toilet or medicinal purposes. Ask your druggist to keep it in stock. Address

**LLOYD BROTHERS,
CINCINNATI, OHIO.**

The Income Tax

We do not refer to the income tax which is incorporated in the new Tariff Bill, but to that tax on the nutritive income of one suffering from Typhoid Fever.

Both during the course of the disease, and after the establishment of convalescence,

Liquid Peptonoids

aids in the maintenance and restoration of the normal balance between the nutritive income and outgo.

It has been found by clinical experience to excel other agents of this class, because while it fosters nutrition, it does not disturb, but instead actually aids the digestive functions. Above all it is absolutely aseptic.

“This is the very
pith and marrow of
our attributes.”

The Arlington Chemical Co.,
YONKERS, N. Y.

